

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

EVELYN ROLON-TORRES,

Plaintiff,

v.

KILOLO KIJAKAZI,
Acting Commissioner of Social Security,
Defendant

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CIVIL ACTION

No. 22-cv-00223-RAL

RICHARD A. LLORET
U.S. Magistrate Judge

February 27, 2023

MEMORANDUM OPINION

The Commissioner of Social Security, through the decision of an Administrative Law Judge (“ALJ”), denied Evelyn Rolon-Torres’ (“Ms. Rolon-Torres” or “Plaintiff”) application for Social Security disability benefits. The Appeals Council affirmed the decision. This appeal followed. The ALJ determined that Ms. Rolon-Torres was not disabled under the Social Security Act’s (“SSA”) regulations. R. 17.¹ Plaintiff requests review of the ALJ’s decision. Doc. No. 8 (“Pl. Br.”)² at 1. Because I find that the ALJ erred, I remand the decision.

PROCEDURAL HISTORY

In 2020, Plaintiff filed an application for disability and disability insurance benefits (“DIB”). In her application, Plaintiff alleged a disability onset date of May 12, 2019, citing Herniated Disk, Sciatica, Anxiety, Depression, and Vertigo diagnosis. R. 186. In 2020, Ms. Rolon-Torres’ application was denied at the initial level of review. R.

¹ All references to the administrative record are listed as “R. ____.” The administrative record is ECF Doc. No. 15.

² Unless otherwise noted, as here, all references to the electronically docketed record are cited as “Doc. No. ____ at ____.”

218. In December 2020, Plaintiff requested a hearing before an ALJ. R. 101. The request was granted, and a hearing was held via teleconference in April 2021. R. 16. Ms. Rolon-Torres and Denise Cordes, a vocational expert, testified at the hearing. R. 16, 159-84. The ALJ found Ms. Rolon-Torres was not disabled. R. 16. After proceeding through the SSA's appellate process, Ms. Rolon-Torres appealed in this court in 2021. Doc. No. 1.

FACTUAL BACKGROUND

A. The Claimant's Background

Ms. Rolon-Torres was 46 years old at the alleged disability onset date, making her a "younger person" under the regulations. R. 188; 20 C.F.R. §§ 404.1563. From 1997-1998 and from 2002-2010, Ms. Rolon-Torres worked for Stasky Inc. as an executive maid. R. 215, 335. From 2016-2019, Plaintiff worked for Bravo Healthcare Services, Inc.³ as an environmental servicer/cleaner. R. 215, 334.

B. The ALJ's Decision

The ALJ found that Ms. Rolon-Torres was not disabled under the SSA from May 12 through December 31, 2019. R. 17. In reaching this decision, the ALJ made the following findings of fact and conclusions of law pursuant to Social Security's five-step, sequential evaluation process.⁴

³ Bravo Healthcare Services, Inc. is also referred to as Bravo Group Services in the record. *See e.g.*, R. 328.

⁴ An ALJ evaluates each case using a sequential process until a finding of "disabled" or "not disabled" is reached. The sequence requires an ALJ to assess whether the claimant: (1) is engaging in substantial gainful activity; (2) has a severe "medically determinable" physical or mental impairment or combination of impairments; (3) has an impairment or combination of impairments that meet or equal the criteria listed in the social security regulations and mandate a finding of disability; (4) has the RFC to perform the requirements of his past relevant work ("PRW"), if any; and (5) is able to perform any other work in the national economy, taking into consideration his RFC, age, education, and work experience. *See* 20 C.F.R. §§ 404.1520(a)(4)(i)-(v), 416.920(a)(4)(i)-(v).

First, the ALJ determined that Ms. Rolon-Torres was last insured on December 31, 2019, pursuant to the SSA's insured status requirements.⁵ R. 18. At step one, the ALJ determined that Ms. Rolon-Torres had not engaged in any substantial gainful activity during the alleged disability period. *Id.* At step two, the ALJ held that Ms. Rolon-Torres had five severe impairments: Degenerative Joint Disease in the right knee, right hip bursitis, Degenerative Disc Disease of the lumbar spine, Major Depression, and General Anxiety Disorder. R. 18-19. The ALJ also determined that Ms. Rolon-Torres had moderate limitations in all four Paragraph B mental health limitations.⁶ R. 21-22. At step three, the ALJ compared Ms. Rolon-Torres' impairments with those contained in the Social Security Listing of Impairments ("listing").⁷ The ALJ found that Ms. Rolon-Torres' impairments failed to meet any listing criteria or medically equate to a listing's severity, individually or in combination. R. 19-22.

Prior to step four, the ALJ determined that Ms. Rolon-Torres had the residual functional capacity ("RFC") to perform light work that included occasional "stooping, crouching, crawling, and kneeling, as well as climbing ramps and stairs." R. 22. The ALJ determined that Ms. Rolon-Torres was "limited to perform simple, routine tasks; make simple work-related decisions; and have frequent contact with the public, supervisors,

⁵ When an applicant is seeking disability insurance benefits ("DIB") the ALJ must determine the applicant's insured status. 20 C.F.R. § 404.101(a). If an applicant is "neither fully nor currently insured, no benefits are payable based on [the applicant's] earnings." *Id.* The applicant is able to recover DIB only through their last insured period. 42 U.S.C. § 423(a).

⁶ The four "Paragraph B" areas are (1) understand, remember, or apply information; (2) interact with others; (3) concentrate, persist, or maintain pace; and (4) adapt or manage oneself. *Id.* The ALJ determines if the complainant has a limitation in these four categories on a sliding scale, with the least limitation being "no limitation" and the most severe limitation as an "extreme" limitation. 20 C.F.R. Pt. 404, Subpt. P, App. 1, § 12.00F(2).

⁷ The regulations contain a series of "listings" that describe symptomology related to various impairments. See 20 C.F.R. Pt. 404, Subpt. P., App. 1. If a claimant's documented symptoms meet or equal one of the impairments, "the claimant is conclusively presumed to be disabled." *Bowen v. Yuckert*, 482 U.S. 137, 141 (1987). If not, the sequential evaluation continues to step four, where the ALJ determines whether the impairments assessed at step two preclude the claimant from performing any relevant work the claimant may have performed in the past. *Id.*

and co-workers. She is further limited to work involving only occasional changes in the work setting.” *Id.* The ALJ found that Ms. Rolon-Torres could not perform occasional balancing; should not climb ladders, ropes, or scaffolds; and should “never work at unprotected heights.” *Id.* At step four, the ALJ determined that Ms. Rolon-Torres was “capable of performing past relevant work as a Cleaner, Housekeeper,” leading to her determination that Ms. Rolon-Torres was not disabled under the SSA. R. 26.

STANDARDS OF REVIEW

My review of the ALJ’s decision is deferential. I am bound by her findings of fact to the extent those findings are supported by substantial evidence in the record. *Knepp v. Apfel*, 204 F.3d 78, 83 (3d Cir. 2000) (citing *Plummer v. Apfel*, 186 F.3d 422, 427 (3d Cir. 1999)). Accordingly, my review is limited to determining if substantial evidence supports the decision. *Hartranft v. Apfel*, 181 F.3d 358, 360 (3d Cir. 1999) (citing 42 U.S.C. § 405(g)). If the ALJ’s decision is supported by substantial evidence, her disability determination must be upheld. *Rutherford v. Barnhart*, 399 F.3d 546, 552 (3d Cir. 2005); *see also* § 405(g). “A reviewing court reviews an agency’s reasoning to determine whether it is ‘arbitrary’ or ‘capricious,’ or, if bound up with a record-based factual conclusion, to determine whether it is supported by ‘substantial evidence.’” *Dickinson v. Zurko*, 527 U.S. 150, 164 (1999).

Substantial evidence is “such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.” *Richardson v. Perales*, 402 U.S. 389, 401 (1971) (quoting *Consol. Edison Co. v. NLRB*, 305 U.S. 197, 229 (1938)). Substantial evidence “is more than a mere scintilla but may be less than a preponderance.” *Brown v. Bowen*, 845 F.2d 1211, 1213 (3d Cir. 1988). I must rely on the record developed during the administrative proceedings along with the pleadings in making my determination.

See § 405(g). I may not weigh the evidence or substitute my own conclusions for the ALJ's. *Chandler v. Comm'r of Soc. Sec.*, 667 F.3d 356, 359 (3d Cir. 2011). I must defer to the ALJ's evidentiary evaluation, witness assessment, and reconciliation of conflicting expert opinions. *Diaz v. Comm'r of Soc. Sec.*, 577 F.3d 500, 506 (3d Cir. 2009).

The ALJ's legal conclusions and application of legal principles are subject to plenary review. See *Kryzstoforski v. Chater*, 55 F.3d 857, 858 (3d Cir. 1995). I must determine whether the ALJ applied the proper legal standards in reaching the decision. See *Coria v. Heckler*, 750 F.2d 245, 247 (3d Cir. 1984). Accordingly, I can overturn an ALJ's decision based on incorrect application of a legal standard even where I find the decision is supported by substantial evidence. *Payton v. Barnhart*, 416 F. Supp. 2d 385, 387 (E.D. Pa. 2006) (citing *Friedberg v. Schweiker*, 721 F.2d 445, 447 (3d Cir. 1983)).

DISCUSSION

Ms. Rolon-Torres argues for remand on four grounds. First, she claims the ALJ erred as a matter of law when finding that Ms. Rolon-Torres could perform her past relevant work ("PRW"), because the position was performed as a composite job and at a higher exertional level than the RFC limitations. Pl. Br. at 3-8. Second, the ALJ failed to account for Ms. Rolon-Torres' moderate limitation in her ability to concentrate, persist, and maintain pace. *Id.* at 8-12. Third, the ALJ derived power in violation of the Constitution's Separation of Powers clause.⁸ *Id.* at 12-15. Fourth, the ALJ and Appeals Council's authority was improper, because the ALJ was illegally appointed under the Federal Vacancies Reform Act (FVRA), 5 U.S.C. § 3346(a). *Id.* at 15-17. I address only

⁸ In her reply brief, Ms. Rolon-Torres withdrew this argument. Doc. No. 10, at 11. As this ground for relief has been withdrawn, I will not address it here.

ground one and two, and, based upon the discussion below, I find that this matter warrants remand.

A. The ALJ Failed to Adequately Take into Account Ms. Rolon-Torres' Moderate Limitation in Her Ability to Concentrate, Persist, and Maintain Pace at Step Four and Failed to Appropriately Explain Why the Limitation Was Omitted from the RFC.

Plaintiff argues the ALJ committed reversible error when she omitted Ms. Rolon-Torres' moderate limitation in the ability to concentrate, persist, and maintain pace in the residual functional capacity determination and resulting step four analysis. Pl. Br. at 8-12; Doc. No. 10 ("Pl. Reply Br.") at 6. The Commissioner responds that the ALJ need not use specific language in her step four and five analyses, and the ALJ's opinion properly expressed the limitation. Doc. No. 9 ("Def. Resp.") at 25. The Commissioner is correct: specific language is not required to communicate limitations found at steps two and three. However, the ALJ failed to explain why Ms. Rolon-Torres' moderate limitation in ability to concentrate, persist, or pace herself was not reflected in the RFC or the hypotheticals posed to the vocational expert.

The step two analysis requires the ALJ to determine if the claimant has a medically determinable impairment that is severe or if there is a combination of impairments that are severe. 20 C.F.R. § 404.1520(c). The ALJ determined that Ms. Rolon-Torres had moderate limitations in all four mental disorder "Paragraph B" criteria,⁹ including Ms. Rolon-Torres' ability to concentrate, persist, or maintain pace.

⁹ The SSA defines "Paragraph B" criteria as "the functional criteria we assess, in conjunction with a rating scale (see 12.00E and 12.00F), to evaluate how [the claimant's] mental disorder limits [their] functioning." 20 C.F.R. § Pt. 404, Subpt. P, App. 1, 12.00A(2)(b). The areas of mental functioning are (1) understand, remember, or apply information; (2) interact with others; (3) concentrate, persist, or maintain pace; and (4) adapt or manage oneself. *Id.* The ALJ determines if the complainant has a limitation in these four categories on a sliding scale, with the least limitation being "no limitation" and the most severe limitation as an "extreme" limitation. *Id.* at 12.00F(2).

R. 21. A complainant's ability to concentrate, persist, or maintain pace refers to "the abilities to relate to and work with supervisors, co-workers, and the public."¹⁰ 20 C.F.R. Pt. 404, Subpt. P, App. 1, § 12.00E(3). Here, the ALJ determined that Ms. Rolon-Torres had a moderate limitation in these interactions. R. 21. An ALJ finds a moderate limitation when the claimant's "functioning in this area independently, appropriately, effectively, and on a sustained basis is fair." 20 C.F.R. Pt. 404, Subpt. P, App. 1, § 12.00F(2)(c).

Between steps three and four, the ALJ determines the claimant's RFC.¹¹ 20 C.F.R. § 404.1520(e). A claimant's RFC is her ability to perform work activities' physical and mental demands on a sustained basis. *Id.* The ALJ considers any and all limitations the individual has that are "functional limitations and restrictions that result from an individual's medically determinable impairment or combination of impairments." SSR 96-8p, *1; *see* 20 C.F.R. § 404.1520(e). A person's RFC is "not the *least* an individual can do despite his or her limitations or restrictions, but the *most*." SSR 96-8p, *1.

The ALJ found that Ms. Rolon-Torres had an RFC permitting

light work. . . except occasional balancing. . . ; occasionally stooping, crouching, crawling, and kneeling, as well as climbing ramps and stairs; however, no climbing of ladders, ropes, scaffolds. While the claimant can endure exposure to extreme cold, she can never work at unprotected heights. The claimant is limited to perform simple, routine tasks; make simple work-related decisions; and have frequent contact with the public, supervisors, and co-workers. She is further limited to work involving only occasional changes in the work setting.

20 C.F.R. § Pt. 404, Subpt. P, App. 1

¹⁰ The SSA provides a non-exhaustive list on what conduct the definition may include: "cooperating with others; asking for help when needed; handling conflicts with others; stating [one's] own point of view; initiating or sustaining conversation; understanding and responding to social cues (physical, verbal, emotional); responding to requests, suggestions, criticism, correction, and challenges; and keeping social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness." 20 C.F.R. Pt. 404, Subpt. P, App. 1, § 12.00E(3).

¹¹ The RFC should be calculated prior to or at the beginning on step four, because "RFC is an issue only at steps 4 and 5 of the sequential evaluation process." SSR 96-8p, *3.

R.22. Plaintiff argues that this RFC “failed to include ANY word-related limitations to account for Ms. Rolon-Torres’s moderate limitation in concentrating, persisting, or maintaining pace.” R. 22. Pl. Br. at 10.

At step four, the ALJ had to determine if claimant’s RFC allowed her to perform her PRW. 20 C.F.R. § 404.1520(e). The ALJ had to first compare the RFC to the claimant’s PRW as actually performed. SSR 96-8p. If the complainant could no longer perform the PRW as actually performed, then the ALJ had to review if the complainant could perform the PRW as generally performed in the national economy. *Id.* The ALJ did this by asking the vocational expert hypothetical questions that incorporated the RFC limitations. R. 177-181. Ms. Rolon-Torres focuses on the interplay between the RFC and PRW, arguing that the “limitations that the ALJ finds credible at steps two and three cannot simply disappear at steps four or five, all limitations found credible by the ALJ must be incorporated into the RFC in some form.” Pl. Br. at 12 (citing *Ramirez v. Barnhart*, 372 F.3d 546 (3d Cir. 2004)).

In *Ramirez*, the Third Circuit rejected a hypothetical containing a limit to “one to two step tasks,” finding it failed to “accurately convey” all the complainant’s impairments. 372 F.3d 546, 554. An ALJ must accurately convey all impairments when presenting a hypothetical to a vocational expert. *Id.* at 552. The hypothetical need not be a verbatim recitation of the RFC. *Id.* at n. 2. The Third Circuit found that the hypothetical’s “one to two step tasks” limitation failed to accurately convey that the claimant “often has deficiencies in concentration, persistence, or pace,”¹² because the

¹² *Ramirez* was decided when the ALJ used a “never, seldom, often, frequent, and constant” limitation scale to define a limitation’s severity. 20 C.F.R. § 416.920a (1999). Today, ALJs follow a “none, mild, moderate, marked, and extreme limitation” scale. 20 C.F.R. § 416.920a(c)(4). “[T]he weight of authority suggests that the two scales are functionally equivalent.” *Sawyer v. Berryhill*, 305 F. Supp. 3d 664, 669 (E.D. Pa. 2018) (collating E.D. Pa. caselaw indicating that “often” is equivalent to “moderate”).

language failed to convey a pacing limitation. *Id.* at 554 (internal citations omitted). An accurate hypothetical must communicate the employee’s limitations in maintaining the requisite output that employers expect in addition to limitations to performing no more than “one to two step tasks.” *Id.* The Third Circuit acknowledged that the ALJ may have had “a valid explanation for this omission” such as a determination “that the deficiency in pace was so minimal or negligible that, even though Ramirez ‘often’ suffered from this deficiency, it would not limit her ability to perform simple tasks under a production quota.” *Id.* at 555.

Fourteen years later, Judge Beetlestone considered “whether the ALJ was obligated to include in his hypothetical the fact that Plaintiff has a ‘moderate’ limitation in his concentration, persistence, or pace.” *Sawyer v. Berryhill*, 305 F. Supp. 3d 664, 666 (E.D. Pa. 2018). In *Sawyer*’s hypothetical, the ALJ presented a limitation that Sawyer’s potential job required “no detailed instructions” and provided no specific language regarding a moderate limitation in concentration, persistence, or pace. *Id.* at 671. The Court determined that the hypothetical was improper, as “[a] limitation to ‘no detailed instructions,’ says less about an individual’s ability to concentrate, persist, or keep pace than the limitation in *Ramirez* because it only refers to an employee’s ability to learn instructions, rather than perform.” *Id.* at 671 (citing to *Ramirez*, 372 F.3d 546). The court specifically rejected arguments that a hypothetical with “simple routine tasks” or “unskilled work” limitations could appropriately communicate a moderate limitation in concentration, persistence, or pace. *Id.* (declining to follow *Menkes v. Astrue*, 262 F. App’x 410 (3d Cir. 2008) and *McDonald v. Astrue*, 293 F. App’x 941 (3d Cir. 2008), both of which are non-precedential).

As did *Ramirez*, *Sawyer* recognized that “the ALJ may have a valid explanation for limiting his hypothetical to those requiring only ‘no detailed instructions.’ . . . The ALJ, however, provided no such explanation for his omission.” *Sawyer*, 305 F. Supp. 3d at 671. The court remanded the case, because it lacked the authority to “impute reasons why the ALJ did not include the limitation in his hypothetical or whether his failure to do so is harmless in this case.” *Id.*

Hess, decided the following year, again considered whether an ALJ’s hypothetical properly communicated a claimant’s moderate limitation in concentration, persistence, or pace. *Hess v. Comm’r Soc. Sec.*, 931 F.3d 198, 200 (3d Cir. 2019). The ALJ stated that Hess was “limited to jobs requiring understanding, remembering, and carrying out only simple instructions and making only simple work-related decisions.” *Id.* The district judge (Judge Beetlestone, as in *Sawyer*) concluded that the hypothetical failed to communicate the pacing limitation; the government appealed. *Id.* at 200-01.

Hess held that the ALJ was not restricted to particular language when conveying the limitation findings. The “social security regulations permit, and indeed require, an ALJ to offer ‘a narrative discussion describing how the evidence supports each’ limitation at step four of the disability analysis.” *Id.* at 209 (quoting SSR 96-8P, at *7). The Third Circuit clarified that the ALJ is not restricted to the functional limitation language at later steps of her analysis, but the findings are relevant and the language of the functional limitation must sufficiently reflect the found impairments. *Id.* at 210.

The Third Circuit held that an ALJ may use a “simple task”¹³ in a hypothetical to convey a moderate limitation in concentration, persistence, or pace, so long as the ALJ

¹³ A “simple task” equates “to jobs requiring understanding, remembering, and carrying out only simple instructions and making only simple work-related decisions.” *Id.* at 210-11 (internal citations omitted) (compiling cases and social security regulations).

provides a “valid explanation.” *Id.* at 211 (citing *Ramirez*, 372 F.3d at 554-55). “Without explanation, such a limitation does not warrant a conclusion about whether a claimant’s difficulties in ‘concentration, persistence, or pace’ are so serious that he cannot satisfy the functional requirements of ‘simple tasks.’” *Id.* at 213. This standard is a fact specific standard that must be determined on a case-by-case basis. *Id.* at 212.

The Court implemented the standard and found that the ALJ used “sound reasoning” to determine that the moderate limitation was not severe enough to impede Hess’ ability to perform simple tasks. *Id.* at 213-15. The ALJ explained “that Hess’s ‘self-reported activities of daily living, such as doing laundry, taking care of his personal needs, shopping, working, and paying bills (when he has money), . . . are consistent with an individual who is able to perform simple, routine tasks.’” *Id.* at 213–14 (internal citations omitted). The ALJ also appropriately reasoned “that ‘progress notes from treating and examining sources’ were persuasive, because these sources indicated “no serious problems in this area of functioning, reporting that [Hess] could perform simple calculations, was fully oriented, and had intact remote/recent memory.” *Id.* (internal quotations and citations omitted).

The basic criticism of the “simple tasks” limitation, in *Ramirez* and *Hess*, is that saying a task is “simple” and that a claimant can understand it and do it says nothing much about how the claimant will perform in a work setting that requires her to do the task with concentration, persistence, and pace. Both *Ramirez* and *Hess* offer a fix for this problem: a “valid explanation.” As *Ramirez* puts it, a “valid explanation” is one that makes it clear “that the deficiency in pace was so minimal or negligible that, even though Ramirez ‘often’ suffered from this deficiency, it would not limit her ability to perform simple tasks under a production quota.” *Ramirez*, 372 F.3d at 555. It is possible

to provide the requisite explanation in one simple declarative sentence, as suggested in *Ramirez*. The problem in *Hess* was that the one sentence suggested in *Ramirez* went missing.

Hess did not overrule *Ramirez*, it applied it. Reading the two cases together, it is clear that a limitation in the RFC to “simple tasks” is not a mantra that suffices, without more, to take into account a claimant’s moderate limitations in concentration, persistence, and pace. *Ramirez* makes that plain, *contra* language in *Menkes*, a non-precedential case (“For example, performing a ‘simple routine task’ typically involves low stress level work that does not require maintaining sustained concentration.” 262 F. App’x 410, 412.). *Hess* made it clear that an ALJ may account for a claimant’s limitations in concentration, persistence, and pace by a “simple tasks” limitation in the RFC when the ALJ provides a “valid explanation” of his or her reasoning. *Ramirez* described what this explanation would look like. 372 F.3d at 555. *Hess* considered the ALJ’s explanation in that case in detail and decided that it sufficed. The question is whether the ALJ in Ms. Rolon-Torres’ case supplied a “valid explanation,” as in *Hess*, or failed to provide such an explanation, as in *Ramirez*.

To reiterate, Ms. Rolon-Torres’ RFC permits light work restricted to “simple, routine tasks;” “simple work-related decisions;” and “frequent contact with the public, supervisors, and co-workers.”¹⁴ R. 22, 24. The ALJ limited Ms. Rolon-Torres “to work involving only occasional changes in the work setting.” *Id.* The RFC, by its explicit language, fails to account for Ms. Rolon-Torres’ limitations in concentration, persistence, and pace. The question, then, is whether the ALJ adequately explained, as

¹⁴ I omit the ALJ’s physical limitations because this analysis pertains only to mental limitations.

in *Hess*, why a limitation to simple tasks, without more, sufficed to account for Ms. Rolon-Torres' moderate limitations in concentration, persistence, and pace. I turn to the ALJ's explanations.

The ALJ determined that Ms. Rolon-Torres addressed her mental impairments with "routine and conservative" treatment, "without frequent emergency department visits, crisis interventions, or psychiatric hospitalizations during the relevant period." R. 25. This amounts to a generalized commentary on Plaintiff's mental health, and does not grapple with the issue identified in *Ramirez* and *Hess*. Even if it did, the conclusion that Ms. Rolon-Torres received "conservative" treatment regarding her mental health, and the inferential light this casts on the functional limitations imposed by her condition, is not supported by opinion evidence, at least none cited by the ALJ.

It can be appropriate for a doctor to form an opinion that one would expect to see a more aggressive treatment history for a mental condition if it represented a serious functional limitation. Such an opinion would be based upon the doctor's years of medical training and clinical experience, and it would enable him or her to come to some general rule-of-thumb about the relationship between an aggressive treatment history and the severity of the disorder. Such an opinion is often offered by an examining or consulting physician and can form the basis of an ALJ's determination that the level of treatment is not commensurate with the limitations claimed by the applicant or the treating physician. The record contained such analysis regarding Ms. Rolon-Torres' physical ailments, but not her mental ailments. *See* R. 618-19 (medical notes outline that Ms. Rolon-Torres' pain was not responding to conservative therapy). Absent medical opinion evidence, there is no basis to make a valid inference that

conservative treatment meant a condition of no functional consequence. It could just as easily be the case that “aggressive” treatment offered no better hope of improvement.

The ALJ found the opinions of State agency physician Marci Cloutier, Ph.D. (“Cloutier”) and State agency psychologist Anthony A. Galdieri, Ph.D. (“Galdieri”)¹⁵ partially persuasive, because the opinions “did not assess restrictions [in] interacting with others.” R. 26. The ALJ relied on Dr. Cloutier to find that Plaintiff “could understand, retain, and follow simple instructions (*e.g.*, perform one-and-two-step tasks), make simple decisions, and would not require special supervision in order to sustain a routine, despite her impairments.” R. 25; *and see* R. 192-94. The ALJ further found, based on Dr. Cloutier’s opinion, that Ms. Rolon-Torres was “able to meet the basic mental demands of work on a sustained basis.” R. 26. *Id.* The ALJ found that though Dr. Cloutier did not assess restrictions interacting with others, such limitations were appropriate, given Mr. Rolon-Torres’ symptoms of depression and anxiety. R. 26. None of this addresses the issue identified in *Hess* and *Ramirez*.

Hess provides a working example of a “valid explanation” that sufficed even without a straightforward sentence of the kind suggested in *Ramirez*. In *Hess*, the ALJ “coupled” her finding about the claimant’s moderate limitations with an explanation that the claimant’s activities of daily living were consistent with someone able to do simple routine tasks. 931 F.3d at 214. In the same discussion, the ALJ said progress notes from treating and examining sources indicated “no serious problems in this area of functioning.” *Id.* At another point in the ALJ’s discussion, the ALJ mentioned that the claimant’s activities of daily living demonstrated Hess could work as a dishwasher, and

¹⁵ Galdieri concurred with Cloutier. R. 198-206.

there were no reports of problems completing tasks during a period of close observation. *Id.*

Comparing this case to *Hess* is instructive. Here there is no “coupling” of a discussion of the claimant’s activities of daily living with the capacity to do simple tasks. There is no language about progress notes that reflect “no serious problems in this area of functioning,” as in *Hess. Id.* at 214. Quite the contrary, a survey of the treatment notes reveals Ms. Rolon-Torres had serious mental illness problems for years. *See Resp.* at 26, with record citations. There is no mention by the ALJ of the observed ability to complete work tasks without problems, as in *Hess*. 931 F.3d at 214.

Of course, *Hess* is an example of how a “valid explanation” might look, not an exclusive template. *Hess* emphasizes that an ALJ need not “chant every magic word correctly” to avoid being remanded. 931 F.3d at 198. Nevertheless, the ALJ’s opinion in this case provides neither *Ramirez*’s “one sentence” explanation nor the level of detailed, albeit tangential, explanation furnished by the ALJ in *Hess*.

The Commissioner points to the ALJ’s citation of “various medical records” and explanation that “mental status examinations documented both positive and negative findings, and that such findings supported her RFC assessment.” *Resp.* at 27 (citing the ALJ’s opinion at R. 24, 26; which in turn cites to many pages within the record). This amounts to a generalized commentary on Plaintiff’s mental health, but does not address the issue identified in *Ramirez* and *Hess*. I have reviewed in detail the record cites by the ALJ and the Commissioner and they paint a sad and unremitting picture of a severely depressed and anxious woman with much to be depressed and anxious about, including the suicide of her son, the incarceration of her husband, constant pain, and

financial stress. Nothing in the cited portions of the record addresses the issue identified in *Ramirez* and *Hess*.

The ALJ and the Commissioner note that “Plaintiff’s symptoms improved with therapy and psychiatric mediations.” Resp. at R. 21-22, 24 (citing to medical records). No, they didn’t. I carefully examined the medical records cited at page 27 of the Commissioner’s response, and at R. 24 (the ALJ’s opinion). I prepared and attached an appendix of actual language taken from both the record pages cited by the ALJ and pages in between. To say that the record supports the conclusion that Ms. Rolon-Torres’ symptoms “improved” with treatment is simply incorrect. The best that can be said is that on a handful of occasions during treatment that lasted three years the word “better” or “improved” was used to describe how Ms. Rolon-Torres felt, compared to her last visit.¹⁶ The record clearly undercuts the ALJ’s characterization of Ms. Rolon-Torres as “improved” with treatment. *Compare, e.g.*, Appendix, p. 42 (March, 2021) *with* p. 2 (February/March, 2018). The conclusion that Plaintiff “improved” with treatment is not supported by substantial evidence.

Where the line between sufficient and insufficient explanation should be drawn, given *Ramirez* and *Hess*, is much debated in the cases, but a line must be drawn. I am not free to ignore the teachings of either *Ramirez* or *Hess*; both are precedential. In this instance I find the ALJ did not provide a “valid explanation,” under either *Ramirez* or *Hess*, of how a “simple tasks” limitation in the RFC sufficed to address Ms. Rolon-Torres’ moderate limitations in concentration, persistence, and pace. The explanation

¹⁶ This was “cherry-picking.” “‘Cherry-picking’ is a term used to describe selective citation of the record to support an opinion that is not supported by a fair and complete review of the entire record. *See Smith v. Berryhill*, No. 17-2661, 2018 WL 7048069, at *9 (E.D. Pa. Nov. 27, 2018) (Hey, MJ) (collecting cases).” *Cordero v. Kijakazi*, 597 F.Supp.3d 776, 816–17 n.51 (E.D. Pa. 2022)

was not “valid” because it was based on flawed inferences and a misreading of the record. This mattered: the vocational expert testified in response to an alternative hypothetical that a functional limitation that allowed for moderate difficulties in persistence, concentration, and pace would result in no available jobs for Ms. Rolon-Torres. R. 180-81. Because the RFC was defective, the hypothetical upon which the vocational expert relied was also defective, meaning that the VE’s testimony in response to the hypothetical did not count as substantial evidence in support of the ALJ’s decision. Remand is appropriate.

B. The ALJ Did Not Err When She Did Not Analyze If Ms. Rolon-Torres’ PRW Was a Composite Job.

Plaintiff also asserts that the RFC determination was erroneous as a matter of law. Pl. Br. at 3. The ALJ found that Plaintiff could return to her PRW as a Cleaner, Housekeeper (DOT § 323.687-014) as generally performed. I find that the ALJ was correct and substantial evidence supports the decision.

At step four, the ALJ must compare the complainant’s RFC to any PRWs. *Reed v. Berryhill*, 337 F.Supp.3d 525, 529 (E.D. Pa. 2018) (Rufe, J.) (internal citations omitted); SSR 82-61, 1982 WL 31387. An ALJ determines an applicant’s PRW by reviewing “work done in the past 15 years, that was substantial gainful activity, and that lasted long enough for [the applicant] to learn it.” 20 C.F.R. § 404.1560(b)(1); SSR 82-61, 1982 WL 31387, at *1. Here, the ALJ determined that Ms. Rolon-Torres’ has PRW experience as a “Housekeeper (Cleaner, Housekeeping) . . . , which is a light exertion occupation (as generally performed) but at heavy exertion as actually performed.”¹⁷ R. 26. In making

¹⁷ The ALJ also determined that Ms. Rolon-Torres has PRW experience as a “Cleaner, Hospital (sample DOT code 323.687-010), which is a medium exertion job as generally and actually performed.” R. 26. Plaintiff does not make any assertion regarding this position. See Pl. Br. at 5-8. The ALJ does not comment on if Ms. Rolon-Torres can or cannot perform this job. R. 26. I will not review this PRW.

the determination, the ALJ relied on Ms. Rolon-Torres' testimony regarding her job duties and the vocational expert's responses to the hypotheticals. R. 26.

Once the ALJ decides if the applicant has a PRW, the ALJ then reviews if the applicant has an RFC to perform either “(1) [t]he actual functional demands and job duties of a particular past relevant job; *or* (2) [t]he functional demands and job duties of the occupation as generally required by employers throughout the national economy.” SSR 82-61, 1982 WL 31387, at *1 (citing to 20 C.F.R. §§ 404.1520(e), 416.920(e)). If the applicant can perform under either prong, the ALJ cannot find the applicant disabled. *Id.* Here, the ALJ relied on the vocational expert's testimony to determine that Ms. Rolon-Torres “could perform the job of Cleaner, Housekeeper as generally performed.” R. 26, 180-81. The Plaintiff's argument focuses on this two-part analysis.

Plaintiff's argument¹⁸ is that the ALJ erred because Ms. Rolon-Torres' PRW was a composite job, which barred the general performance analysis of what employers in the national economy expect. Pl. Br. at 3. The Commissioner responds that the record does not contain any evidence indicating two or more jobs and the vocational expert's testimony presents only one DOT position: Cleaner, Housekeeper. Com. Resp. 22-24. Plaintiff responds that the ALJ is the SSA's rules and policy expert—not the vocational expert—and her determination was wrong. Pl. Reply Br. at 2.

A composite job occurs when the individual's PRW consists of “significant elements of two or more occupations and . . . have no counterpart in the DOT.” Past

¹⁸ In her first argument, Plaintiff argues the ALJ is precluded from finding that Plaintiff could perform her PRW as actually performed, because the vocational expert testified that Ms. Rolon-Torres actually performed at a heavy level of exertion. Pl. Br. at 4. The Commissioner posits this argument is moot, because the ALJ determined that Ms. Rolon-Torres could perform her PRW as generally performed. *See* Com. Resp. at 22-24. The ALJ indeed determined that Ms. Rolon-Torres could perform her PRW as generally performed, but not as actually performed. R. 26. This argument agrees with the ALJ's determination, and is moot.

Relevant Work (PRW) as the Claimant Performed It, SSA POMS DI 25005.020.¹⁹ “In other words, a composite position must involve additional main duties from another DOT position, rather than merely excessive functions with the job duties from one DOT position.” *Reed*, 337 F.Supp.3d at 529 (internal citation omitted); *Giddings v. Berryhill*, 2018 WL 4252426, at *4 (E.D. Pa. Sept. 5, 2018) (Jones, J.). If the ALJ determines that the claimant’s PRW is a composite job, the ALJ must explain why. SSA POMS DI 25005.020. Once a composite job has been identified, the ALJ determines if the complainant can perform the job as actually performed. SSA POMS DI 25005.020. Since a composite job lacks a DOT definition, the ALJ cannot review if the complainant could perform the work as generally performed in the national economy. *Id.*

In *Reed*, Plaintiff argued he previously performed a composite job, because his PRW included “additional functions beyond the DOT description of substance abuse counselor.” *Reed*, 337 F.Supp.3d at 529. The Court denied the argument, because Reed, who held the burden to demonstrate he could not return to his prior job, failed to show that his PRW “included *significant* variations with the main duties included in another DOT position.” *Id.* (emphasis added). *Weidner* and *Colon Martinez* relied on *Reed* to affirm their holdings that the Plaintiff did not have a composite job.

In *Weidner v. Kijakazi*, Plaintiff argued that her prior work experience was a composite job. 2022 WL 610702, *7 (D. Del. Feb. 1, 2022) (slip copy). Weidner had two PRWs. The first was a receptionist position, which Weidner argued also entailed security duties and an emergency provision to provide personal care to residents. *Id.* at *8. The

¹⁹ These POMS provisions are binding on all ALJs. SSR 13-2p, 2013 WL 621536, *15. However, “[c]iting POMS provisions does not aid plaintiff. . . because they lack the force of law and create no judicially-enforceable rights.” *Colon Martinez v. Comm’r of Soc. Sec.*, 2019 WL 3336336, at *4 (D.N.J. July 25, 2019) (internal quotations omitted) (citing to *Bordes v. Comm’r of Soc. Sec.*, 235 F. App’x 853, 859 (3d Cir. 2007); *Edelman v. Comm’r of Soc. Sec.*, 83 F.3d 68, 71 n.2 (3d Cir. 1996)).

Court found these extra duties were insufficient to classify the receptionist experience as a composite job, because testimony indicated that the extra performance occurred only two to three times per week and took about 15-30 minutes. *Id.* The Court rejected that her providing care duty was a sufficient additional duty, because there was no expectation to lift or physically assist residents. *Id.* Weidner's second PRW was accounts payable, where Plaintiff asserted an additional duty to lift and carry heavy boxes upstairs to file. *Id.* The Court determined this PRW was not a composite job, because she was expected to lift and move heavy boxes about once every two days, which was far less than that of a file clerk, the alternative DOT position Plaintiff proposed. *Id.* at *9.

The Plaintiff in *Colon Martinez* asserted that his gambling cashier PRW included significant elements of the change person DOT position. *Colon Martinez v. Comm'r of Soc. Sec.*, 2019 WL 3336336, at * 3 (D.N.J. July 25, 2019). The Court rejected the argument on five grounds: (1) the ALJ's reliance on Plaintiff's disability report and hearing testimony was appropriate when determining Plaintiff's DOT position; (2) the ALJ appropriately relied on the vocational expert's testimony that Plaintiff worked only as a gambling cashier; (3) Plaintiff failed to show that the job included significant elements of the change person's job; (4) Plaintiff lifting coin bags was not a substantial job requirement; and (5) citing to POMS provisions is unpersuasive "because they lack the force of law and create no judicially-enforceable rights." *Id.* at *3-4 (internal quotations omitted) (citing to *Bordes v. Comm'r of Soc. Sec.*, 235 F. App'x 853, 859 (3d Cir. 2007); *Edelman v. Comm'r of Soc. Sec.*, 83 F.3d 68, 71 n.2 (3d Cir. 1996)).

In this matter, Plaintiff argues that her Cleaner, Housekeeper PRW was a composite job. Pl. Br. at 6-8. The DOT defines Cleaner, Housekeeper as a position that can take place in "any industry," and requires the employee to

Cleans rooms and halls in commercial establishments, such as hotels, restaurants, clubs, beauty parlors, and dormitories, performing any combination of following duties: Sorts, counts, folds, marks, or carries linens. Makes beds. Replenishes supplies, such as drinking glasses and writing supplies. Checks wraps and renders personal assistance to patrons. Moves furniture, hangs drapes, and rolls carpets. Performs other duties as described under CLEANER (any industry) I Master Title.

Definition of Cleaner, Housekeeper DOT § 323.687-014, 1991 WL 672783. The Master title is defined as a light work position that can take place in any industry. CLEANER (any industry) I Master Title, 1991 WL 645969. The position has the typical classifications of “Cleaner, Commercial or Institutional (any industry); Cleaner, Hospital (medical ser.); Cleaner, Housekeeping (any industry); Cleaner, Industrial (any industry); Housecleaner (hotel & rest.).” *Id.* The job-holder:

[m]aintains premises of commercial, institutional, or industrial establishments, office buildings, hotels and motels, apartment houses, retirement homes, nursing homes, hospitals, schools, or similar establishments in clean and orderly condition, performing the following duties: Cleans rooms, hallways, lobbies, lounges, rest rooms, corridors, elevators, stairways, and locker rooms and other work areas. Sweeps, scrubs, waxes, and polishes floors, using brooms and mops and powered scrubbing and waxing machines. Cleans rugs, carpets, upholstered furniture, and draperies, using vacuum cleaner. Dusts furniture and equipment. Polishes metalwork, such as fixtures and fittings. Washes walls, ceiling, and woodwork. Washes windows, door panels, and sills. Empties wastebaskets, and empties and cleans ashtrays. Transports trash and waste to disposal area. Replenishes bathroom supplies. Replaces light bulbs. Classifications are made according to type of establishment in which work is performed.

Id.

The ALJ had no reason to consider if Plaintiff’s position was a composite job. First, the additional duties Plaintiff proposes are insignificant. To be a composite job, Ms. Rolon-Torres must have performed significant additional duties from another DOT profession. Plaintiff proposed additional duties: the job was performed in a residential setting, she moved items above the DOT’s light work classification, and she cleaned items not listed in the DOT’s definition. Pl. Br. 6-8. The vocational expert’s testimony

indicates that the Cleaner, Housekeeper profession is routinely performed in a residential setting:

Q: [A]nd the DOT code that you gave for the housekeeping/cleaner, is it correct that according to the Dictionary of Occupational Titles, by its very description, that covers people who work at places like hotels, restaurants, clubs, beauty parlors, dormitories?

A: Correct.

Q: Okay. And that does not indicate in there anything about cleaning residential settings, correct?

A: When you look at employment by industry, in terms of this job, I mean, they're giving me examples, okay, but they're not telling you all places that a person can be involved in housekeeping/cleaning. In fact, the largest number of people working in this capacity, the largest—no, I shouldn't say the largest, no—the largest number of people working in this capacity in the United States work in private households.

Q: Okay.

A: The second largest number is self-employed people. So, even though you've got, you've specified industries, that it's not limited to that.

R. 180-81. Working above the DOT's defined exertion level is not an additional, substantial work duty. *See Garcia v. Astrue*, 2009 WL 1165342, at *1 (E.D. Pa. Apr. 28, 2009) (upholding that Garcia's PRW was not a composite job even though he was required "to regularly lift heavy drums, and heavy lifting is not included in the DOT definition"). None of these additional duties were *significant* additional duties performed in addition to the DOT's defined main duties. Just performing the job duties in a residential setting rather than a commercial setting adds nothing significant to the job's duties, at least not based on the evidence introduced in this case.

Second, Ms. Rolon-Torres failed to establish the other DOT position with which her job performance aligns. Here, Ms. Rolon-Torres argues she did more than what was expected. Pl. Br. at 6. She failed to propose alternative DOT positions that supply the

composite job duties both during the ALJ's proceedings and before me. *See Weidner*, 2022 WL 610702, at *8-9 (where Plaintiff proposed an alternative DOT position); *Colon Martinez*, 2019 WL 3336336 at *3 (same); and *Giddings*, 2018 WL 4252426, at *4 (Plaintiff's counsel asked the vocational expert about alternative DOT job descriptions). Plaintiff has not submitted an alternative DOT position or established supplemental duties as required for a composite job holding. I find the ALJ did not err in finding that Ms. Rolon-Torres could perform the DOT definition of Cleaner, Housekeeper as generally performed.

CONCLUSION

For the reasons explained above, Ms. Rolon-Torres' request for review is granted, the final decision of the Commissioner is reversed, and this matter is remanded to the Commissioner for further proceedings consistent with this opinion.

BY THE COURT:

s/Richard A. Lloret
RICHARD A. LLORET
U.S. Magistrate Judge

Appendix

Contained in this appendix are snippets of all the Comprehensive Biopsychosocial Evaluations (“CBE”), Progress Treatment Notes, Psychological Treatment Notes, and Treatment Plan Updates that Cognitive Behavior Health Services Produced from February 5, 2018 to March 25, 2021 while treating Ms. Rolon-Torres. The excerpts are derived from Exhibits 4F (R. 554-602) and 12F (R. 841-1095), and are focused on Ms. Rolon-Torres’ self-reported mental health and treatment provider’s analysis of the therapy sessions each Progress Treatment Note summarizes. However, I have reordered the screenshots to proceed chronologically, so Ms. Rolon-Torres’ mental health is more accurately communicated.

CBE Dated February 5, 2018. R. 554.

Chief Complaint/Presenting Problem:

Evelyn ABC's:

A-Since my son died, every day I feel sad as if my being was broken into pieces. I worry that I can never overcome this. I have sought help but it is always the same. This month is the anniversary of the death of my son and that makes me feel even sadder

B- "I don't know what happen to me, I'll never be happy again, that's terrible.

C- "I'm daily easily irritable, nervous almost part of the day, crying for no reason two or three times a day, I'm not sleeping well just two or three hrs per day , I don't want to go nowhere, just the necessary".

History of Present Illness:

Evelyn start to feel depress in 2010 when her mother passed away she got a lot of medical illness she was close to her. A year later in 2011 her oldest son committed suicide, he shoot himself, he had a litter baby boy, that was terrible for the family, six months later her husband, the father of her kids was incarcerated and she has been to do everything by herself was in treatment in Nueva Vida Behavioral health center for a few years and had been feeling better but had to stop the treatment because didn't have health insurance. This month is the anniversary of the death of my son and that makes me feel even sadder

CBE Dated March 9, 2018. R. 561.

Cc: "I'm getting depressed again."

HPI:

45yo Hispanic female. Had been on ambien and Prozac, which she says made her feel much better; none x 1 year.

Context is that son (20) was SA 7 years ago. "I didn't know how to cope, how to move on from there." The year earlier, had also lost her mother; and the same year as son's SA, the husband was jailed. Then managed to get better, until past 2 months has felt more depressed due to her medical conditions: increasing BP vs hypotension, also vertigo (no meds—pending work up with ENT). Says the dizziness is bad, and causes her to stay home, decreased motivation and energy. Also considerable LBP from sciatica, no-trauma, no narcotics.

Currently working a part-time as cleaning rooms at CHOP, part-time. —ssi. Says she "can hold on to it, it keeps my mind occupied" but finds it hard to work sometimes.

Poor sleep, latency. Appetite down, lost 25lbs in 3 mos.

Moody, low, often feels apathetic. "dragging, not really want to do things." —si/hi. —hopelessness. +somatic sxs, flushing, dizziness. Somewhat pessimistic. At times cries when thinking about son.

-psychosis, no thought disorder.

-mania/ocd

Progress Note Dated May 24, 2019. R. 1000-01.

Chief complaint:

Evelyn looks bad, sick, referred that she came this day because her brother drive it here, and said, I am having too much pain in my right leg. "

MOOD CHECKING ___ 5 ___ (0-10).

DIARY CARD OR COPING CARD? Yes ___ No X

BRIDGING: About the reasons that I was not coming and all the things that I went through "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): .

SUICIDAL BEHAVIOR? Yes ___ No X

THERAPY INTERFERING BEHAVIOR? Yes ___ No X

SKILLS? Yes ___ No X

AGENDA:

I would like to talk how I will be dealing with this situation because now I am very negative "

Objective

ABC OR CHAIN ANALYSIS (VF, PE, LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS, PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME. CONSEQUENCES: IMMEDIATE, DELAYED):.

A- *"I am doing better but my health is not well, if I continue with this pain I need to go to the emergency room*

B- *"I think this will be a failure, I think that I am going crazy, I think that I have something bad and the doctors doesn't want to tell me nothing"*

C- *"I'm feeling very anxious two or three times a day every day , very depress and crying for no reason two or three times a day "*

Assessment

DIAGNOSIS:

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how we will go to be working to control her panics.

Response/feedback ____.

Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated May 26, 2019. R. 1002-03.**Chief complaint:**

Evelyn is coming to reopen her case after almost 10 months and she said " I was not coming because i dint have health insurance but now I have my insurance back , I been very sick with a lot of lower back pain and that situation makes me feel so bad and frustrate , the last year I had two or three panics attack and I had to go to the hospital for it"

MOOD CHECKING 5 (0-10).

DIARY CARD OR COPING CARD? Yes No X

BRIDGING: I don't remember, I been in a lot of stress ""

REVIEW OF HOMEWORK (WHAT DID YOU LEARN):

Is a reopen.

SUICIDAL BEHAVIOR? Yes No X

THERAPY INTERFERING BEHAVIOR? Yes No X

SKILLS? Yes No X

AGENDA:

Complete the release form and treatment plan ""

Objective

ABC OR CHAIN ANALYSIS (VF, PE, LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS, PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME. CONSEQUENCES: IMMEDIATE, DELAYED):

A- *"I am doing better but my health is not well , the last year I had a lot of panics attacks I am scare to have it again and be in the hospital"*

B- *"I think this will be a failure, I think that I am going crazy."*

C- *" I'm feeling very anxious two or three times a day every day , very depress and crying for no reason two or three times a day "*

Assessment**DIAGNOSIS:**

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how we will go to be working to control her panics.

Response/feedback .

Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated May 30, 2019. R. 998-99.

Chief complaint:

Evelyn looks bad, sick, said that is feeling a litter bit better but continue out of work because the pain is so bad. "

MOOD CHECKING ___5___ (0-10).

DIARY CARD OR COPING CARD? Yes___ No_X

BRIDGING: About my health situation"

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): .

SUICIDAL BEHAVIOR? Yes___ No_X_

THERAPY INTERFERING BEHAVIOR? Yes ___No_X

SKILLS? Yes___ No_X

AGENDA:

I would like to talk how I will be dealing with this situation because now I am very negative "

Objective

ABC OR CHAIN ANALYSIS (VF. PE. LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS. PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME. CONSEQUENCES: IMMEDIATE, DELAYED):.

A- "I am doing better but my health is not well, the doctor said it is the same thing, a pinch nerve "

B- "I think this will be so bad if I continue like that because I will lose the job. "

C- " I'm feeling very anxious two or three times a day every day , very depress and crying for no reason two or three times a day. "

Assessment

DIAGNOSIS:

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how we will go to be working to control her panics.

Response/feedback: ___.

Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated June 14, 2019. R. 996-70.

Chief complaint:

Evelyn looks sad, referred that she has been so bad, now I am coming from the doctor and he said the hernia is bigger and that's why she's having a lot of pain, but said, "I am worry because I am not working and I have everything back, my bills are late all my bills"

MOOD CHECKING ___5___ (0-10).

DIARY CARD OR COPING CARD? Yes___ No_X

BRIDGING: About my health situation"

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): .

SUICIDAL BEHAVIOR? Yes___ No_X_

THERAPY INTERFERING BEHAVIOR? Yes ___ No_X

SKILLS? Yes___ No_X

AGENDA:

I would like to talk how I will be dealing with this situation because now I am very negative "

Objective

ABC OR CHAIN ANALYSIS (VF, PE, LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS, PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME. CONSEQUENCES: IMMEDIATE, DELAYED):.

A- *"I am not well, my health is not well, the doctor said that I have a hernia disk and not it is bigger, first they will try injection if not work I will need surgery"*

B- *"I think this will be so bad if I continue like that I will need a surgery but will be worst."*

C- *"I'm feeling very anxious two or three times a day every day, very depress and crying for no reason two or three times a day."*

Assessment

DIAGNOSIS:

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, we started to work with her problem solving first of all she need to call to unemployment because she could apply and they could help her with the 80 or 60 % of her salary, another thing we gave her some telephone number of different programs which they help to pay the bills

Response/feedback: __.

Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated July 5, 2019. R. 994-95.

Chief complaint:

Evelyn looks sad, referred the she is having a better health but the pain still there I can't even sleep"

Subjective:

MOOD CHECKING 5 (0-10).

DIARY CARD OR COPING CARD? Yes__ No_X

BRIDGING: About my health situation"

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): .

SUICIDAL BEHAVIOR? Yes__ No_X_

THERAPY INTERFERING BEHAVIOR? Yes __ No_X

SKILLS? Yes__ No_X

AGENDA:

I would like to talk how I will be dealing with this situation because now I am very negative "

Objective

ABC OR CHAIN ANALYSIS (VF. PE. LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS. PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME. CONSEQUENCES: IMMEDIATE, DELAYED):

A- "I am not well, my health is not well, I had a cortisone injection but the pain still there. "

B- "I think this will be so bad if I continue like that I will need a surgery but will be worst. "

C- "I'm feeling very anxious two or three times a day every day , very depress and crying for no reason two or three times a day. "

Assessment

DIAGNOSIS:

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening, she appreciate all the information that I gave her the other day, she already applied for unemployment and went to welfare at least is quieter. Was encouraged to increase those negative thoughts for a positive once, we started to work with her problem

Response/feedback: __.

Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated July 18, 2019. R. 992-93.

Chief complaint:

Evelyn looks better, referred that she has been doing better at least has been sleeping better and has been less anxious.

MOOD CHECKING ___5___ (0-10).

DIARY CARD OR COPING CARD? Yes___ No_X

BRIDGING: About the psychiatric appointment"

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): .

SUICIDAL BEHAVIOR? Yes___ No_X_

THERAPY INTERFERING BEHAVIOR? Yes ___No_X

SKILLS? Yes___ No_X

AGENDA:

I would like to talk how I will be dealing with this situation because now I am very negative "

Objective

ABC OR CHAIN ANALYSIS (VF. PE. LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS, PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME, CONSEQUENCES: IMMEDIATE, DELAYED):

A- "I am doing better but my health is not well, I continue with a lot of pain in my hip and leg"

B- "I think this will be a failure, I think that I am going crazy, I think that I have something bad and the doctors doesn't want to tell me nothing"

C- "I'm feeling less anxious two times a day every day, less depress"

Assessment

DIAGNOSIS:

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening, she appreciate all the information that I gave her the other day, she already applied for unemployment and went to welfare at least is quieter. Was encouraged to increase those negative thoughts for a positive once, we started to work with her problem

Response/feedback: __.

Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated July 25, 2019. R. 990-91.

Chief complaint:

Evelyn looks better, referred that she has been doing better at least has been sleeping better and has been less anxious is taking the medication regularly , this afternoon I will go to Florida with my midwife. I think that will be good for me "

MOOD CHECKING 5 (0-10).

DIARY CARD OR COPING CARD? Yes__ No_X

BRIDGING: About the psychiatric appointment"

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): .

SUICIDAL BEHAVIOR? Yes__ No_X_

THERAPY INTERFERING BEHAVIOR? Yes __No_X

SKILLS? Yes__ No_X

AGENDA:

I would like to talk how I will be dealing with this situation because now I am very negative "

Objective

ABC OR CHAIN ANALYSIS (VF. PE. LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS, PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME. CONSEQUENCES: IMMEDIATE, DELAYED):.

A- "I am doing better my health is better and I am sleeping better, I will go to Florida I hope to have a nice time "

B- "I think this trip will be good for me because I been in a lot of stress"

C- " I'm feeling less anxious two times a day every day, less depress "

Assessment

DIAGNOSIS:

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening, was encouraged to change those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how her thoughts affect her feelings and the way that you see the life .

Response/feedback_____.

Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated August 02, 2019. R. 590, 988.

MOOD CHECKING From one to ten, this day i feel maybe 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and how to be change it for a positive once, that day i was going to Florida."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): I had a nice time in Florida, i enjoy that moment there"

Agenda I been in stress for those economical issues that i have and i don't know what to do i want to talk how to manage the stress

ASSESSMENT: A- "I am not well, my health is at the same, I went to Florida the last week, i enjoy the trip but i feel the same specially because the economical problem are getting worst" B-"I think this will be so bad if I continue like that I will need a surgery but will be worst." C- "I'm feeling very anxious two or three times a day every day, very depress and crying for no reason two or three times a day."

MSE:

General Evelyn appear nervous, with sad affect, oriented X3, well groomed, good insight and judgment.

DIAGNOSIS Major depressive Disorder, Recurrent episodes (296.2/ F-33)

Intervention During the session, the therapist was actively listening, was encouraged to change those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how her thoughts affect her feelings and the way that you see the life .About how to control the stress we were working with mindfulness exercise, she did very well

Response/feedback During the session was at the firs very anxious but after the mindful exercise was quieter, was strongly reinforced because of that

Progress Note Dated August 5, 2019. R. 845, 986.

MOOD CHECKING

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and how to be change it for a positive once."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend

Agenda Encourage patient to make a list of what he or she is depressed about and discuss list with therapist

ASSESSMENT: A - Every single day i feel the same, but i am very worry for my economical situation because i am not working B-I think that i am a failure because i am not working " e- I feel sad every single day, anxious and very upset and anger every day"

MSE:

General Evelyn appear anxious, sad affect was tearful oriented in X3, motivated to continue the sessions TP organized, good insight and judgment

DIAGNOSIS (F330) Major depressive disorder, recurrent, mild

Intervention During the session was active listening her expressing her feelings, was validated because is normal that she feels like that and have that hopelessness feeling was encouraged to talk with the psychiatric about her feelings to review medication. Encourage the replacement of negative and self-defeating self-talk with realistic and positive cognitive messages. she think that she is a failure and because she have all her bills back didn't went to the SSL office she want to do it this day.

Response/feedback When we started the session she was tearful and overwhelm but after the session was quieter and smiling was strongly reinforced and was validated

Progress Note Dated August 13, 2019. R. 847, 984.

MOOD CHECKING From 1 to 10 I feel maybe 7

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts, my psychiatric appointment, my health problems and how to deal with my stress."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to be working changing my negative thoughts every time those hit my mind, some times is hard because is very difficult."

Agenda

ASSESSMENT: A- I am doing better at least I find help to paid the mortgage and the other bills, my son and my brother helps me but it is hard " B- I think if i continue like that i will deace because that is very stressful " C- I fee very sad, anxious, i am not sleeping.

MSE:

General Evelyn has been worry, affect depress, mood anxious, oriented 3 X, good insight and judgment

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention During the session he was active listening, was validated her feelings and we were evaluating how she did to pay all her bills, were evaluating how she has been doing with her medical conditions, she had an appointment this day and they said that,

Response/feedback During the session was quiet alert and cooperative was reinforced positive because of that."

Progress Note Dated August 29, 2019. R. 856, 982.

MOOD CHECKING From 1 to 10 this day I feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and my health problems."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at with nothing because , I been in pain !

Agenda I want to talk about the appointment to the cardiologist , and i am having a bad pain in my right arm .

ASSESSMENT: A- "I am worry, because I am having rapid heart bits and this day I has to see the cardiologist ". B- "I think that I have heart problems and they don't find nothing" C- "I feel sad, very worry, sometimes frustrate "

MSE:

General Evelyn has been worry , affect depress, mood anxious , oriented 3 X , good insight and judgment .

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention During the session she was talking about her health problems, she thinks she has something wrong, were working with her irrational thoughts because she had an stress test done and Electrocardiogram and came out fine but she has to continue working on it trying to be out stress "

Response/feedback During the session was quiet and poor talkative .

CBE Dated September 5, 2019. R. 592, 980.

MOOD CHECKING From 1 to 10 , i feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and how to be change it for a positive once."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend

Agenda "Evelyn wants to continue working with thoughts replacement; "Increase her coping skills."

ASSESSMENT: A- "I been feeling better but I know that I am very negative sometimes" B- "I think there are times when I attract negative things and I think with health problems I will not be able to work ever " C- "that situation makes me feel bad, sad and I don't want to be around no one two three times a week and I feel sorry for my family , they do not deserve it "

MSE:

General APPEAR WORRY , WITH SAD AFFECT , MOOD OK , TP ORGANIZED GOOD INSIGHT AND JUDGMENT .

DIAGNOSIS Major depressive Disorder, Recurrent episodes (296 2/ F-33)

Intervention During the session, the therapist was actively listening her talking about the results, was validated because she has been dealing with the situation very well but she has to continue working changing negative thinking for a positive once also it was oriented that when those thoughts of feel come to your mind changes it for another different and positive as that she will not go to work in her life

Response/feedback During the session was quiet and cooperative but with hopelessness feelings

Progress Note Dated September 13, 2019. R. 978-79.

Chief complaint:

Evelyn looks better, referred that she has been doing better, said that she called to the social security office and she canceled the disable application and she went to her job to see when she will start to work, I am not feeling well yet but I need to work because all my bills are behind, I think that will be good for me to start to do something "

MOOD CHECKING 7 (0-10).

DIARY CARD OR COPING CARD? Yes No X

BRIDGING: About the psychiatric appointment"

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): .

SUICIDAL BEHAVIOR? Yes No X

THERAPY INTERFERING BEHAVIOR? Yes No X

SKILLS? Yes No X

AGENDA:

I would like to talk how I will be dealing with this situation because now I am very negative "

We will be working with the treatment plan for the next 120 days

Objective

ABC OR CHAIN ANALYSIS (VF. PE. LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS. PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME. CONSEQUENCES: IMMEDIATE, DELAYED):.

A- "I am doing better my health is better and I am sleeping better, soon I will start to work"

B- " I will start to work soon but I think will be good but at the same time I think that I couldn't do it "

C- " I'm feeling less anxious two times a day every day, less depress"

DIAGNOSIS:

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening, was encouraged to change those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how her thoughts affect her feelings and the way that you see the life.

We were evaluating the treatment plan for the next 120 days , were evaluating the progress and the importance of assist regularly to the therapy sessions and continue regularly the psychiatric treatment; was schedule a psychiatric appointment for the next Monday.

Response/feedback_____.

Evelyn was very attentive and was quiet and relaxes.

Treatment Plan Dated September 13, 2019. R. 849.

Diagnosis	
Major depressive Disorder, Recurrent	CODE: (296.20 F/ 33.1)
(Indicate Specific Stressors)	Economic problems , medical issues
Client's Strengths (Use the one in the Recovery Goal):	1-Good motivation for the treatment, good insight , motivation to keep working
Challenge to Treatment:	Increase her social activities, increase freq to therapy sessions
Anticipated Length of Treatment:	<input type="checkbox"/> 1-3 Months <input checked="" type="checkbox"/> 3-6 Months <input type="checkbox"/> 6-9 Months <input type="checkbox"/> 9-12 Months <input type="checkbox"/> Unknown
For Update Only: (Review of Progress since Last Plan): During the last 120 days she got some progress , her health is better and that situation emotionally make her feel better	
CONCERNS -1(What client states problem is, activating event, beliefs, emotions, behavior, relational problems, and somatization): Evelyn ABC'S: A- "I am doing better my health is better and I am sleeping better, soon I will start to work" B- " I will start to work soon but I think will be good but at the same time I think that I couldn't do it " C- " I'm feeling less anxious two times a day every day, less depress "	
Long Term Goal / Discharge Criteria (What will be accomplished by the client at end of treatment):	
Evelyn will improve her emotional control and will return to a normal life following the clinician directions .	
Short-term Goal: (What will be done over the next 4 months to achieve long term goal.)	
1- Decrease the level of the BDI-II (35= Severe Depression to 30 moderate depression)and the BAI from 21 moderate to 19	
2- By the next 30 days Evelyn will be seeing the psychiatric to continue with the medications.	

Progress Note Dated September 16, 2019. R. 864, 976.

MOOD CHECKING From 1 to 10 , i feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and my health problems."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend

Agenda This day i have psychiatric appointment , i would like to talk about it . This day i would like to talk about About irrational thoughts Validation of his feelings I want to talk about my fears

ASSESSMENT: A- This weekend i was so sad , just lay bed but on Sunday came my daughter but i am not well" B- I think that i can't even will do what i thought , i because i want to start to work " C- I fee sad, crying a lot , more than two times a day , i am not even sleeping well"

MSE:

General EVELYN APPEAR WORRY , WITH SAD AFFECT , MOOD OK , TP ORGANIZED GOOD INSIGHT AND JUDGMENT

DIAGNOSIS (F321) Major depressive disorder, single episode, moderate

Intervention During the session, the therapist was actively listening to their fears, about everything, was encouraged for these days prepare activities for the family , they could spend time together , go shopping or cook, get a get together . try to spend the most time together without argumentation. she has to work her negative thought, was instructed to think in positive because as more negative thoughts is worse ,every time a negative thinking hit her mind, think something positive,

Response/feedback Evelyn was active , cooperative and talkative , was strongly reinforced

CBE Dated September 27, 2019. R. 594, 974.

MOOD CHECKING From 1 to 10 , i feel 6

COPING CARD?
No

BRIDGING: "The last session we were talking about my irrational thoughts and how to be change it for a positive once."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend, was so sad , i was at the funeral of the grandma of my children , i had a panic attack when i saw her

Agenda I would like to talk about my emotions

ASSESSMENT: A- the late last weekend was the funeral of my ex mother in law and it was a surprise " B-I think i should be closer to her because she was very supportive with me " C- I feel very depress , thinking too much , i am not sleeping

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS Major depressed disorder , recurrent

Intervention During the session, the therapist was actively listening her talking about the situation of her sister, was validated because she always has been there for her and more and that is a good value of her. About the negative thought, she has to continue working in that, was encouraged to keep record of her thoughts , positives and negative once in different situations, the negative thoughts usually are not good for the emotions. About the feelings about the death of the ex mother in law , were working rational thinking because she was sick and and was a very old person , things happen and you can't change nothing , just give support to her children and the rest of the family .

Response/feedback She was quiet alert and cooperative

Progress Note Dated October 03, 2019. R. 972.

MOOD CHECKING From 1 to 10 , i feel 7

COPING CARD?
No

BRIDGING: we were talking about my mother in law death "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend

Agenda Why sometimes I am moody in the morning for no reason".

ASSESSMENT: A:" Mostly in the mornings I feel moody and I stay anxious and sad the whole day. B:" I think there is no reason to be like that I do think about the problems not resolved C:" I do feel anxious or depressed. I do feel nervous, worried and I do not want to do nothing. Sometimes I stayed in bed".

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS Major depressed disorder , recurrent

Intervention Therapist maintained active listening while she shared about her effort in dealing with all her issues. Therapist and patient discussed about sorting out task and prioritizing the task and completing it one by one. Therapist educated patient about how she could help her son to be more responsible, because can't be up and down. Evelyn has to learn how to say no.

Response/feedback Evelyn was quiet alert and cooperative and was strongly reinforced because she has been doing well

Progress Note Dated October 09, 2019. R. 596, 970.

MOOD CHECKING From 1 to 10 , I feel 6

COPING CARD?
No

BRIDGING: In the last session we were talking how to manage the stress for my economical problem , i don't have no jo, no income

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to be working in my situations but is to hard to be in to "

Agenda I feel so bad , i can't find a job , i have another month of mortgage , light and everything , i don't know what to do"

ASSESSMENT: A- I am very overwhelmed i can't find a job, i don't have no answer from anywhere and i am very tired " B- I think my life is a disaster, i am tired of everything , everything goes wrong for me." C- I feel so bad , very depress , frustrate and very anxious

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (F331) Major depressive disorder, recurrent, moderate

Intervention During the session Evelyn was active listen when she was expressing her feelings and was validated because the situation is not easy we working problem solving helping her to find some economical help , was gives a telephone number of Usep Help with bills , if she can't reach them by phone she has to go downtown and try to contact them , they help with bills also we gave her the information of philadelphia legal assistance to find help for heat and gas , any public benefits , also we called to logistic care for the day passes to could move easy in bus .

Response/feedback During the session she was quiet and cooperative .

Progress Note Dated October 14, 2019. R. 598, 960.

MOOD CHECKING From 1 to 10 I feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and how to be change it for a positive once."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend

Agenda She wants to talk about the stress in the family

ASSESSMENT: A- Evelyn came to the center today for therapy session, she looks sad and with low energy. B- Evelyn had reported in latest session her health and her financial problems, she said that those are the mainly reason for her to feel depressed. C- Today she continued talking about her family stress and about being aggressive lately: "In this week I was arguing with my daughter and i feel sorry because she is pregnant , sometimes I have poor self-control on my anger, also I am having a lot of arguing and disagree with my family. Evelyn reported that she is having between 4 and 5 hours of sleep every night.

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (F33.1) Major depressive disorder, recurrent, moderate

Intervention Following the agenda we continue the psycho-education she was talking about she understood and was making a lot of questions. About the conflicts that she is having , were exploring what is happening and what why she has been feeling like that , was explained what it is problem solving strategies and how will have to be done stating when you define the problem following for develop multiple solutions , in this case they has to knowing , accepting and adjusting difference . In role play she was showing us the way that she talk with the family, was encouraged to change some things. She was also assisted on use alternative thoughts to find a solution for her financial situation.

Response/feedback During the session she was quiet and cooperative .

Progress Note Dated October 24, 2019. R. 868, 966.

MOOD CHECKING From one to ten I feel

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and how to be change it for a positive once."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am doing better but my health is not well, if I continue with this pain and this cold symptoms I need to go to the emergency room" B- "I think this will be a failure, I think that I am going crazy. I think that I have something bad and the doctors doesn't want to tell me nothing" C- " I'm feeling very anxious two or three times a day every day , very depress and crying for no reason two or three times a day "

MSE:

General Evelyn looks worry, affect depressed mood angry and very upset O&3 ,good insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening her talking about the situation, she could identify some irrational thoughts as "Always I have to be sick "was explaining her health problem and has reasons for her hopeless feeling but was encouraged to change that thought for another one as "I have this problem but is not something that I will died for it because I am dealing with for a long time"

Response/feedback was litters bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.

Progress Note Dated October 29, 2019. R. 964-65.

Chief complaint:

"I feel so bad, I am coming from the doctor office, I can't even walk with my back pain and now is worst, and the last week was a bad cold and now this."

MOOD CHECKING ___5___ (0-10).

DIARY CARD OR COPING CARD? Yes___ No: X

BRIDGING: I don't really remember"

REVIEW OF HOMEWORK (WHAT DID YOU LEARN):

I don't remember I been so bad "

SUICIDAL BEHAVIOR? Yes___ No X

THERAPY INTERFERING BEHAVIOR? Yes ___No X

SKILLS? Yes___ No X

AGENDA:

I would like to continue working how to control those irrational thoughts and my fears because my health don't let me think different"

Objective

ABC OR CHAIN ANALYSIS (VF. PE. LINKS: COGNITIVE, EMOTIONS, ACTIONS, SENSATION, EVENTS. PROBLEM BEHAVIOR: WHAT, WHEN, HOW MANY, WHERE, WHAT TIME. CONSEQUENCES: IMMEDIATE, DELAYED):

A- *"I am not well , my ups and downs with my health are driving me crazy "*

B- *"I think that I am a disaster when is not one thing is another "*

C- *"I'm feeling frustrate , two or three times a day , sad every day 24/7 , and crying sometimes"*

DIAGNOSIS:

(296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention:

During the session, the therapist was actively listening her talking about the situation, She has to be thinking about something bad could happened, Was encouraged to follow the instructions of the doctors calling to the office to put the shot in her back, if she need it, she need it; She has to investigate what is happening to her and why she has to be like that always.

Response / feedback.

Evelyn was litters bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.

Progress Note Dated November 11, 2019. R. 873, 962.

MOOD CHECKING From 1 to ten I feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and how to be change it for a positive once."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to be working in my situations but is to hard to be in to "

Agenda

ASSESSMENT:

MSE:

General During the session she was quiet alert and cooperative , affect appropriate , good insight and judgment .

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening her talking about the situation, she could identify some irrational thoughts as "Always I have to be sick "was explaining her health problem and has reasons for her hopeless feeling but was encouraged to change that thought for another one as "I have this problem but is not something that I will died for it because I am dealing with for a long time"

Response/feedback Evelyn was litters bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.

Progress Note Dated November 18, 2019. R. 960.

MOOD CHECKING From 1 to 10, I feel 7

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and my health problems."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to be working changing my negative thoughts every time those hit my mind, sometimes very difficult, at least I went to apply for help light heat."

Agenda I want to continue working restructuring my thoughts."

ASSESSMENT: A- I trying to do the best I can, but sometimes I am very negative " B- I always thinking that I will not find any help " C- I feel depress, sometimes very anxious is like always scare in panic "

MSE:

General Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment

DIAGNOSIS (F331) Major depressive disorder, recurrent, moderate

Intervention During the session she was active listening when she was talking her feelings, expressed the day after she came here she went to the office to fill out the papers for light heat and they did it for light and gas and two days later they put the heater, it is a peace of mind but the situation with me is very difficult but she said that is working trying to change her negative thoughts; was encouraged to the 3 C's technique she has to catch the emotion that come before the thought and then Check how accurate and useful the thought is and the end change the thought to a more helpful one as needed

Response/feedback During the session she was quiet and cooperative.

CBE Dated November 26, 2019. R. 600.

MOOD CHECKING From 1 to 10, I feel 7

COPING CARD?

No

BRIDGING: In the last session we were talking how to manage the stress

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to be working in my situations but is to hard to be in to "

Agenda I need to coet working with my irrational thoughts

ASSESSMENT: A- I been doing everything to be better or well but the situation is not easy " B- I think, sometimes my wellness is because something bad will happen " C- I feel bad,, very anxious all the time, I always think too much, sometimes I can sleep well "

MSE:

General Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment

DIAGNOSIS (F331) Major depressive disorder, recurrent, moderate

Intervention During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, we started to work with her problem solving first of all she need to call to unemployment because she could apply and they could help her with the 80 or 60 % of her salary, another thing, not everything is bad, the program of the light heat and gas pay off my debt at least is something and was appreciated our help

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated December 19, 2019. R. 891, 956.

MOOD CHECKING From 1 to 10 I feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and how to be change it for a positive once."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to be working in my situations but is to hard to be in to "

Agenda I would like to continue talking about the situation that I am having now Education about the situation of her health "

ASSESSMENT: A- I am trying to do the best but my health is not well, now the drs that I need surgery " B- I think if I have the surgery I will not be the same again " C- I feel worry every single day, crying for the most simple thing, and last night I was up almost the whole night "

MSE:

General During the session Evelyn was quiet alert and cooperative poor insight and judgment

DIAGNOSIS (F331) Major depressive disorder, recurrent, moderate

Intervention Therapist worked with Evelyn practicing active listening and validating her feelings, we start to talk about her fears and her worries because she said that she has been seeing people that they didn't good after the surgery and another has been died, was validated because it is true but also she has seen a lot of people who has done well and the improvement in the health is huge, was encouraged to keep the appointment because that's the reason of that appointment. It is orientation. Evelyn was motivated to continue with the process to see what is going to be.

Response/feedback Evelyn was very attentive and was quiet, fearful and very angry in moment

CBE Dated January 6, 2020. R. 602.

MOOD CHECKING From one to 10 , i feel this day 7

COPING CARD?

No

BRIDGING: In the last session we were talking how to manage the stress

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am not well, my health is not well, I had a cortisone injection again , but the pain still there. " B-"I think this will be so bad if continue like that I will need a surgery but will be worst." C- " I'm feeling very anxious two or three times a day every day , very depressed and cryin for no reason two or three times a day. "

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening, she appreciate all the information that I gave her the other day, she already applied for unemployment and went to welfare at least is quieter. Was encouraged to increase those negative thoughts for a positive once, we started work with her problem

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated January 22, 2020. R. 885.

MOOD CHECKING From one to ten i feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts and my health problems."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to be working in my situations but is to hard to be in to "

Agenda I would like to talk about my fears How to change my negative thoughts for another once more productive Analize and program what will be the next treatment plan for the next 120 days

ASSESSMENT: A- I been scare because the dr said that i need a back surgery, my pain is affecting my knee " B- I think that surgery could leave me in a wheelchair " C- I feel depress every day crying two or three times a day , always thinking the worst , sometimes i can't stand still walking back and forward two or three times a day"

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening to their fears, even though the results came out negative she continue thinking negative , she needs to trust in the doctors if they decide the surgery is because is the best option but before that she has to talk with the drs , they should explain her the pros and cont of the surgery , we continue restructuring her cognitive pattern , was confirmed that everything is fine with her , she has to continue working in that part, changing those negative thoughts for a positive once . Was reschedule the psychiatric appointment for 2/01/2020

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Updated Treatment Plan Dated January 22, 2020. R. 875.

Diagnosis (please add the DX) (F330) Major depressive disorder, recurrent, mild, General anxiety disorder F41.1

(Indicate Specific Stressors) Her medical issues , economical issues due she can't work due her medical issues , is waiting for a back surgery

Client's Strengths (Use the one in the Recovery Goal): Motivation to continue in treatment , good family support system

Challenge to Treatment: Increase her social activities

Anticipated Length of Treatment:
3-6 Months

For Update Only: (Review of Progress since Last Plan)
Update

Describe progress During the last 120 days Evelyn had some progress, she went to different programs looking for help and she got it , applied for the SSI , but the level of anxiety and depression increased because is waiting for a call for the schedule for the lower back surgery

CONCERNS -I(What client states problem is, activating event, beliefs, emotions, behavior, relational problems, and somatization) A- I been scare because the dr said that i need a back surgery, my pain is affecting my knee " B- I think that surgery could leave me in a wheelchair " C- I feel depress every day crying two or three times a day , always thinking the worst , sometimes i can't stand still walking back and forward two or three times a day"

Long Term Goal / Discharge Criteria (What will be accomplished by the client at end of treatment) Evelyn will develop the ability to recognize , accept and cope with feelings of depression for the next 120 days

Short-term Goal: (What will be done over the next 4 months to achieve long term goal.) Evelyn will reduce the score of depression and anxiety in the Beck questionnaire from 35 to 25 severe to moderate in the next 120 days Evelyn will reduce the frequency of cries at once or 0 per day . Evelyn will identify at least one negative cognition self talk that is involved with her depression symptoms

Modality including medication management & Responsible person Will be working with Evelyn in individual therapy in the modality of CBT and will be schedule a psychiatric appointment every month to monitor medication

Interventions In individual therapy we will 1. Continue the psycho education to teach to her how the health problems affect her emotions. 2- The therapist will assist Evelyn about develops an awareness of her cognitive message that reinforce hopelessness and helplessness. 3- The therapist will educate her about her medical problems. 4- Use real logic to challenge each dysfunctional thought or negative thinking pattern accuracy, replacing it with a positive, logical thought. 5- Elaborate a plan of different healthy and pleasant activities to develop in the next 4 months (Behavior Activation). 6- Work with thoughts replacement; negative for positives. 3 C's technique 7-Validation of her feelings , and pros and cons and mindfulness exercise

Progress Note Dated January 28, 2020. R. 883.

MOOD CHECKING From one to ten , i feel 8 because i am tired but happy my granddaughter was born on Sunday "

COPING CARD?
No

BRIDGING: We were talking about my health situation "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): I am trying to do what i have to do but some times is to hard"

Agenda I would like to talk how I will be denling with this situation because now I am very negative . The therapist will help Evelyn to implement a cognitive restructuring utilizing the 3 C's technique.

ASSESSMENT: A-I been so busy , i already have my new grandbaby , is a baby girl , is so pretty and i been very stressful " B-I think that i can't deal with a lot of stress because because i work in slow motion " C- i feel better but i still worry , anxious and sometimes i don't know what to do."

MSE:

General During the session i was quiet alert and cooperative , good insight and judgment .

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening, she was so excited because her new granddaughter was born , was validated because she is doing well , was she appreciate all the information that I gave her the other day. Was encouraged to increase those negative thoughts for a positive once, we started to work with her problem . she will be practicing the 3 C's technique identifying the thought before the emotion and them change it for another one more productive and positive.

Response/feedback During the session was quiet alert and cooperative, was reinforced positive for it.

Progress Note Dated February 07, 2020. R. 881, 897.

MOOD CHECKING From one to ten , i feel 6 , my brother is at the hospital and he is not well

COPING CARD?

No

BRIDGING: We were talking about my health situation , i was afraid for the possibility of a surgery"

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): I am trying

Agenda I want to talk about my situation , i still out of a job and a litter bit about my brother "

ASSESSMENT: A- Evelyn is worry because she needs to find a job and is worry for her brother" B- "I think he will not going to make it this time, I don't see him well." C- " I'm feeling sad three or four times a day ,worry for my brother every day , and anxious almost two times a day for around an hour"

MSE:

General During the session Evelyn was quiet alert and cooperative poor insight and judgment

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention During the session, the therapist was actively listening her talking about the situation of her brother, he had an stroke and he is in intensive care , was validated because she always has been there for him and more and that is a good value of her. About the negative thought, she has to continue working in that, was encouraged to keep a record of her thoughts , positives and negative once in different situations, the negative thoughts usually are not good for the emotions.

Response/feedback Maria was very attentive and was quiet and relaxes.

Progress Note Dated February 13, 2020. R. 879, 899.

MOOD CHECKING from one to ten i feel 6 , my brother still been the same

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrationsals thoughts and how to be change it for a positive once."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, I did nothing at the weekend

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am not well, my health is not well, I had a cortisone injection again but the pain still there. " B-"I think this will be so bad i don't know what will going to be with me ." C- " I'm feeling very anxious two or three times a day every day , very depressed and crying for no reason two or three times a day. "

MSE:

General During the session Evelyn was quiet alert and cooperative poor insight and judgment"

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how we will go to be working to control her panics.

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated February 17, 2020. R. 877, 887, 916.

MOOD CHECKING From one to ten , i feel 6

COPING CARD?

No

BRIDGING: During the session we were talking how to control the stress about my health situation "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I am trying to do the best of i can but sometimes is too hard"

Agenda We will be working thought restructuring with the 3 C's technique Validation of her feelings

ASSESSMENT: A- I am trying to be better but my health continue at the same my knee is hurting a lot and my brother now is in a recovering home " B- I think that I am not going to be like that for ever " C- I feel bad , sad , frustrate , very anxious sometimes in panic and that is two or three times a day "

MSE:

General During the session Evelyn was quiet alert and cooperative poor insight and judgment"

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention During the session she was active listen when she was describing her feelings , she is not feeling well but was validated because if she see forward she is having good improvement , she has been doing a lot of positive things, but has to continue working with this situation now , this day will be working with the 3 C's technique , evaluate the emotion before the thought and them check if that emotion that generate the thought and if it is beneficial or useful for her and her health and them change it for another one more positive, she is having those negative thoughts but that is not positive for her and her health. She has to think that her brother will be better and she is doing everything to be in a better condition .

Response/feedback During the session she was very attentive at the end she was quieter and more relax.

Progress Note Dated February 28, 2020. R. 918.**MOOD CHECKING** From one to ten , i feel 7 , i been doing better**COPING CARD?**
No**BRIDGING:** The last session we were talking about my negative thoughts because the situation of my brother "**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** I been doing a lot of things to have my things well "**Agenda****ASSESSMENT:** A: "I am feeling less depressed. Still working with my daughter but not too much because my health problem ". B: "I believe that I can get better at managing my thinking ". C: "I still get depressed two or three times a day ".**MSE:****General** Evelyn have a sad affect , mood at the same , poor grooming , oriented X3 , good insight and judgment."**DIAGNOSIS** (296.2 F-33.1) Major depressive Disorder, Recurrent episodes**Intervention** The therapist continued to work with Evelyn on identifying and containing unhelpful thoughts. Evelyn was validated she has been doing better , she is doing some job , that's a good step for her , was encouraged to see how she start and where she is , she understand and see that but the negative thoughts are been very often . Was encouraged to increase to The necessary support and encouragement were given during session. was practice a relaxation exercise with positive thinking exercise .**Response/feedback** Evelyn response very quiet and positive and was reinforced positive and was encouraged to continue like that .**Progress Note Dated March 2, 2020. R. 920.****MOOD CHECKING** From one to ten , i feel , maybe 6 because i received a paper from the SSI and that situation makes me feel so bad**COPING CARD?**
No**BRIDGING:** The last session we were talking about my negative thoughts**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** I been doing a lot of things to have my things well "OMG i don't know what to do when i have all those papers .**Agenda** I would like to talk about , what i will do with all this papers . Problem solving .**ASSESSMENT:** A- "I am continue very upset and nervous , when , i have to do something out of the order , i feel very and very wear and upset" B- "I think my life is a disaster , i can't have a nice and productive person in my life, i think he is not doing good things " C- "I'm feeling worry every day , nervous , a grade of 5 from 1 to 10 , scare that something bad could happened and also frustrate every day 24 /7"**MSE:****General** Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"**DIAGNOSIS** Generalize Anxiety disorder (F-41.1)**Intervention** During the session, the therapist was actively listening her talking about the the situation, was validated because she has been dealing with the situation very well. During the session she is describing the reason of her fears and many times they are real because she has already gone through many situations that have led her to be and think like that. It was oriented that when those thoughts of fear come to your mind changes it for another different and positive as everything will be fine and all those investigation is for a reason".**Response/feedback** Evelyn was very attentive and was quiet and relaxes**Progress Note Dated March 10, 2020. R. 922.****MOOD CHECKING** From one to ten i feel 6 , i have a bad pain in my knee .**COPING CARD?**
No**BRIDGING:** We were talking about my health situation and i was very nervous because i received papers from the social security office "**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** I am trying to do what i have to do but some times is to hard"**Agenda** The therapist will help Evelyn to implement cognitive restructuring.**ASSESSMENT:** A- I am trying to do the best i can but sometimes is very difficult , this day i can't even walk well my knee is very bad. " B- I think if i continue like this i will need a wheel chair" C- I feel bad , crying every single day for the something , i need help even to take a bath "**MSE:****General** During the session Evelyn was quiet alert and cooperative poor insight and judgment.**DIAGNOSIS** Generalize Anxiety disorder (F-41.1)**Intervention** During the session, the therapist was actively listening her talking about the results, was validated because she has been dealing with the situation very well. During the session she is describing the reason of her fears and many times they are real because she has already gone through many situations that have led her to be and think like that. It was oriented that when those thoughts of fear come to your mind changes it for another different and positive as that she will see the orthopedic this afternoon and will send her for the MRI and will get a treatment as soon as possible.**Response/feedback** Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated March 23, 2020. R. 924.**MOOD CHECKING** From one to ten I feel 6, i am very nervous with this situation of the Corona -Virus**COPING CARD?**

No

BRIDGING: The last session we were talking about my negative thoughts**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** I been doing a lot of things to have my things well but with this situation, at this moment it is impossible "**Agenda** This day i spoke with Evelyn Rolon March 23, 2020 from 12:15 PM to 1:15 PM through a phone call 215-917-1134 She gave us a verbal consent to provide the therapy session through the phone. We will be working with her thoughts replacement; negative for positives irrational thought.**ASSESSMENT:** A- I been with a lot of stress with this famous virus, i don't know what to think and how to act, is really scary " B- I think this will be a disaster, i think it will be something very bad " C- I feel very sad, very worry, i don't know what to do, i am afraid of this situation "**MSE:****General** During the session she was receptive and talkative but worry.**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** During the session first of all was explained the dynamic of the session. Evelyn was active listen by us and was validated because the situation at this moment is for be worry but doing what we need to do to be safe everything will be fine. The last week she had a appointment for the knee pain, they find that she have arthritis and there is nothing to cure that, just take pain medication, but at least was not anything worst, was encouraged in those days of quarantine to do something that we don't usually do like to read, practice meditation, talk with old friends, we need to continue doing what we have to do to be safe. Evelyn will have psychiatric appointment the 28th was encouraged to keep attend to the phone because maybe will be by the phone or they will send the prescription to the pharmacy.**Response/feedback** During the session she was talkative and cooperative.**Progress Note Dated March 30, 2020. R. 926.****MOOD CHECKING** From one to ten, i feel maybe 6, i am very anxious with this situation**COPING CARD?**

No

BRIDGING: "The last session we were talking about my irrationals thoughts i am away be like that specially for this situation, everybody is scare."**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard, but a littler bit"**Agenda** This day i spoke with Evelyn Rolon March 30, 2020 from 12:00 PM to 1:00 PM through a phone call 215-917-1134 She gave us a verbal consent to provide the therapy session through the phone. We will be working with her thoughts replacement; negative for positives irrational thought. We will be working education and orientation about what she could do in this situation.**ASSESSMENT:** A- I am trying to do the best i can, but the situation is not easy, this day i have psychiatric appointment and i don't even know if they will call me. " B- I think this situation is scary, i think if i can't pay they will send me to court " C- I feel bad, sad, very anxious, i don't know what will happen, last night i had rapid heard bits like i have a panic attack "**MSE:****General** During the session she was receptive and talkative but worry**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** During the phone session Evelyn was active listen about her worries, was validated because the situation is not easy, about her worry about the psychiatric appointment was give the rest that the psychiatric will call her in one hr or less, she has to be patient because she is not the only one, About the economical worries, was gives the information about different programs that the governments have to helps those peoples for this situation can't pay the mortgage and the others bills. she said that she will call this day. With Socratic questions was exploring what she has been doing these days and the experience about this situation, Was encouraged to change those negative thoughts for a positive once and see this pandemic in a resilient form: With a clear intention: Say to yourself, I'm going to get through this well and with a learning and with high emotion with love, gratitude, and faith. Angel was encouraged to practice the relaxation exercise once a day as well try to decrease the dosage of information do things at home, organize and clean and listen to music.**Response/feedback** Evelyn was quiet and cooperative and was reinforced positive and was encouraged to continue doing what she is doing**926**

Progress Note Dated April 13, 2020. R. 932.**MOOD CHECKING** From one to ten, I feel 6**COPING CARD?**

No

BRIDGING: "The last session we were talking about my irrational thoughts "**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard, but a little bit "**Agenda** This day I spoke with Evelyn Rolon April 13, 2020 from 12:00 PM to 1:00 PM through a phone call 215-917-1134 She gave us a verbal consent to provide the therapy session through the phone. We will be working with her thoughts replacement; negative for positives irrational thought. pros and cons of the negative attitude.**ASSESSMENT:** A-"I am doing better my health is better and I am sleeping better, the worst thing is my knee, the right one is swollen " B-" I think the situation is too hard and maybe will not going to be able to work any more " C-" I'm feeling anxious two times a day every day, depress and last night I couldn't sleep at all."**MSE:****General** During the session she was receptive and talkative but worry**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** Today patient was guided by therapist on express about her feelings, has been through for a lot of medical problem and that situation makes her feel hopeless but she was validated because she has faith and a good family support to her motivation to continue, were working with her positive and negative attitude because goes in pros and cons in his emotion. We were working with her the importance of behavior activation, was explained the importance of wake up early and do some exercise, even though now she has to be at home she can do exercise.**Response/feedback** Evelyn was very attentive and was quiet and relaxes.**Treatment Plan Dated April 20, 2020. R. 934, 938.****MOOD CHECKING** From one to ten, I feel 6**COPING CARD?**

No

BRIDGING: "The last session we were talking about my irrational thoughts "**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard, but a little bit "**Agenda** This day I spoke with Evelyn Rolon April 13, 2020 from 12:00 PM to 1:00 PM through a phone call 215-917-1134 She gave us a verbal consent to provide the therapy session through the phone. We will be working with her thoughts replacement; negative for positives irrational thought. pros and cons of the negative attitude.**ASSESSMENT:** A-"I am doing better my health is better and I am sleeping better, the worst thing is my knee, the right one is swollen " B-" I think the situation is too hard and maybe will not going to be able to work any more " C-" I'm feeling anxious two times a day every day, depress and last night I couldn't sleep at all."**MSE:****General** During the session she was receptive and talkative but worry**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** Today patient was guided by therapist on express about her feelings, has been through for a lot of medical problem and that situation makes her feel hopeless but she was validated because she has faith and a good family support to her motivation to continue, were working with her positive and negative attitude because goes in pros and cons in his emotion. We were working with her the importance of behavior activation, was explained the importance of wake up early and do some exercise, even though now she has to be at home she can do exercise.**Response/feedback** Evelyn was very attentive and was quiet and relaxes.**Psychiatric Progress Note Dated April 30, 2020. R. 944.****CHIEF COMPLAINTS** Current situation/trigger or concern. Current negative thoughts. Current feelings. Current behavior with intensity and frequency.**HISTORY OF PRESENT ILLNESS** (4 elements of the sign and symptoms: severity, timing, quality, duration, context, modifying factors, chronic conditions. Review of system (2 elements from these: constitutional, psychiatric, neurological, constitutional, musculoskeletal) Past, family, social, medical history (1 of 3) Telehealth Med Check via SCX Patient gave consent to use Telehealth. Things under control. Meds helping w anxiety. However, her sleep meds have stopped working as well. Sleeping less hours at night. One of her clients, she used to clean for, died. Sad hitting me hard. Back pain under control. But knees hurt and get swollen. Puts ice on them. March 2020: 47 yo Hisp F, being seen for depression and anxiety. Pt coping w many stressors. COVID, stay at home order. Pain in back and other joints, but afraid to go to doc appts due to virus. Pt had a son, who shot self 9 years ago, when he was just 20 years old. This is always in her mind. Pt dealing w financial stress. She hurt her back and can no longer work. Pt says she is always sad and anxious, but medications are helping partially. Pt has 2 other children in their 20's now. Deceased son left Pt a grandson, also named Michael NKDA HTN, Herniated Disc, Sciatica Not pregnant Denies D&A March 2020. Cont Prozac 20 mg qd, Cont Trazodone 50 mg HS, Cont Buspar to 10 mg TID for anxiety. Benefits, risks discussed with patient. Regular psychotherapy. Pt to see PCP for med issues. Pt aware of closest CRC, ER, or to call 911 for crisis. Pharmacy 215-425-4500 called by me, left VM for prescription above + 1 refill.

Progress Note Dated May 4, 2020. R. 946.**MOOD CHECKING** From one to ten i feel 6**COPING CARD?**

No

BRIDGING: In the last session we were talking about the stress at home and the importance to be more active**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard , but a litter bit "**Agenda** She wants to talk about the stress that i am having because it was denied again the SSI i am worry because i don't know what to do.**ASSESSMENT:** A- Evelyn came to the center today for therapy session, she looks sad and with low energy., i was denied the SSI again and i don't know what to do ". B- Evelyn had reported in latest session her health and her financial problems, she said that those are the mainly reason for her to feel depressed. C- Sometimes i am very worry every day , sometimes I have poor self-control on my anger, frustrate . Evelyn reported that she is having between 4 and 5 hours of sleep every night.**MSE:****General** Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** Following the agenda we continue the psycho-education she was talking about she understood and was making a lot of questions were exploring what is happening and what why she has been feeling like that , she feels frustrate because was denied the SSI again and it is not easy because she has been struggling with the financial situation and my two kids and my brother who is living in my house do not understand that ,was encouraged to work with problem solving strategies , she already define the problem following for develop multiple solutions , in this case they has to knowing , accepting and adjusting difference . In role play she was showing us the way that she talk with the family, was encouraged to change some things. She was also assisted on use alternative thoughts to find a solution for her financial situation. Was asked for the psychiatric appointment and said that she called her and was changed the sleep medication and she will see her in 4 weeks.**Response/feedback** During the session she was quiet and cooperative .**946****Progress Note Dated May 11, 2020. R. 948.****MOOD CHECKING** From one to ten , i feel 6, i not feeling well**COPING CARD?**

No

BRIDGING: "The last session we were talking about my irrational thoughts i am always be like that ."**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard , i am practicing the relaxation exercise specially at sleep time and its helps , but a litter bit"**Agenda** This day we will be working positive thinking exercises Evelyn wants to talk how to identify and avoid real stress.**ASSESSMENT:** A- I been doing a lot of things , at least this weekend, yesterday was mother day and my daughter came over with my grand-kids , it was nice " B- I think i will not going to be the same because my health is not well " C- I feel better , at least less depressive , but sometimes i feel very upset and afraid i don't know why"**MSE:****General** Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** During the session, the therapist was actively listening Evelyn , was validated her emotions because she is doing everything to be more relax we need to start to learn how to manage the stress because in some point is good, first of all was encourage to describe the sources of stress, she describe 3 mayor of stress and then has to describe the symptoms when she experience the stress and then what she do to feels better. she could identify something that she has been doing wrong and be changed for another one more positive.**Response/feedback** Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated May 18, 2020. R. 950.

MOOD CHECKING From one to ten, i feel 6, i am having a lot of pain in my knee

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts i am always be like that."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard, i am practicing the relaxation exercise specially at sleep time and its helps, but a litter bit"

Agenda We will be working thought restructuring with the 3 C's technique Validation of her feelings

ASSESSMENT: A- I am trying to be better but my health continue at the same my knee is hurting a lot and now my other one is hurting too " B- I think that i am going to be like that for ever " C- I feel bad, sad, frustrate, very anxious sometimes in panic and that is two or three times a day "

MSE:

General Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention During the session she was active listen when she was describing her feelings, she is not feeling well but was validated because if she see forward she is having good improvement, she has been doing a lot of positive things, but has to continue working with this situation now, this day will be working with the 3 C's technique, evaluate the emotion before the thought and then check if that emotion that generate the thought and if it is beneficial or useful for her and her health and then change it for another one more positive, she is having those negative thoughts but that is not positive for her and her health She has to think that her brother will be better and she is doing everything to be in a better condition.

Response/feedback During the session she was very attentive at the end she was quieter and more relax.

Progress Note Dated May 26, 2020. R. 952.

MOOD CHECKING From one to ten i feel 7, i been doing better

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts i am always be like that."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard, but helps a litter bit"

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am doing better my health is better, but just a litter, and I am sleeping better, this weekend i had my grand-kids at home, i feel so happy with them" B- " I think will be good if i start to work but at the same time I think that I couldn't do it " C- " I'm feeling less anxious two times a day every day, less depress"

MSE:

General Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention During the session, the therapist was actively listening, was encouraged to change those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how her thoughts affect her feelings and the way that you see the life.

Response/feedback Evelyn was litters bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.

Progress Note Dated June 03, 2020. R. 954.

MOOD CHECKING From one to ten , i feel 6 , i am sad , nervous and anxious for the protests is scary "

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress at home and the importance to be more active

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , i am practicing the relaxation exercise specially at sleep time and its helps , but a litter bit"

Agenda I want to continue talk about how I have to continue dealing with the situation "

ASSESSMENT: A- "I been doing better, but I am not well , the migraine is hitting me so bad, but that it is for a few days from today " B- "I think I am every day worst, my daughter is at home because my grand kids are in panic." C- "I am feeling every single day very nervous , sometimes anger and frustrate two or three times a day "

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention Clinician used this intervention to analyzes with Evelyn about the importance of being the most positive that she can and avoid those automatic negative thoughts that can makes her sad and worry and continues to wait until this situations ends always trying to see that every negative situation has a solution and that she has to continues being motivated Was validated because she is a good mom and a good grandmother because always she gives a good support to them and that is good. Was encouraged to talk with them to let them know that this is temporal and this also will pass and will have to take the best part of this situation.

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated June 09, 2020. R. 1004.

MOOD CHECKING From one to ten , i feel 7 , this week i am quieter .

COPING CARD?

No

BRIDGING: The last session we were talking about my anxiety and stress "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , but a litter bit "

Agenda In this session we will be working though restructuring and how to start our new normal life again ."

ASSESSMENT: A- I am trying to do well but every time that i think that i have to go out or start again i am scare , since last week i have my daughter with her family because my granddaughters were scare " B- I think this situation will takes long , we will going to live with this the rest of the life. " C- I feel sad, very worry , some times i don't even want to go out , i stay in my room . "

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (F-331) Major depressive disorder, recurrent, moderate

Intervention In this session we were talking about her worries , let in her to know that fear and worry it is normal because there are a lot of death in the world for the same and we have a lot of time in our house but the life has to continue and we need to have our life back , we have to follow the instructions and start to go out litter by litter , not in crowd places and just for a short periods of time and litter by litter will get the trust back to do what we was doing before but now with seeing the life and what we have a different way .

Response/feedback During the session she was a litter bit anxious at the first but late on was more conscious about it Evelyn was validated because she has been doing well.

Progress Note Dated June 16, 2020. R. 1006.**MOOD CHECKING** From one to ten, i feel 7 i feel 6, the situation is getting better!!**COPING CARD?**

No

BRIDGING: In the last session we were talking about my progress and how to keep my self focus in what i want ***REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard, i am trying to be more active but last night "**Agenda** I have a lot of things done but i don't know why am too down ***ASSESSMENT:** A- I been doing everything but i don't know i feel like this, i am helping my daughter, she is at home but now it' broke a pipe in the basement " B- I think that everything is against me " C- I feel bad, sad, anxious most of the time, scare that something could happen"**MSE:****General** Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** During the session, the therapist was actively listening to their fears, discarding whether they are real or not, she realizes that sometimes they are not real, but that they remain in her mind. Was instructed that when fear hits your mind, turn it around. Instead of thinking of something bad that may happen, think of something positive, Evelyn was encouraged to enjoy the stage that she has been, things happen, when is not one thing is other and at least her daughter and family are with her and it is enjoying her granddaughters, Her daughter and her son promised to her that for her birthday will by a ticket to go to Puerto Rico at least for two weeks, and will be for July, God first, if everything come out better.**Response/feedback** During the session she was at the first, very anxious but at the end was quieter.**Progress Note Dated June 23, 2020. R. 1008.****MOOD CHECKING** "From one to ten, i feel 6, the situation is at the same."**COPING CARD?**

No

BRIDGING: I don't really remember but i am very nervous I know that has to be about the situation that we are living.**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard, i am practicing the relaxation exercise specially at sleep time and its helps, but a litter bit"**Agenda** This day i want to talk about my psychiatric appointment, my appointment was the 17th but no one call me. This day i would like to talk about About irrational thoughts Validation of his feelings I want to talk about my fears**ASSESSMENT:** A- This weekend i was so sad, just lay bed, my daughter went back to her house, but i am not well" B- I think that i can't even will do what i thought, i want to start to work " C- I fee sad, crying a lot, more than two times a day, i am not even sleeping well"**MSE:****General** Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** During the session, the therapist was actively listening to their fears, about everything, was encouraged for these days prepare activities for the family, they could spend time together just the family. try to spend the most time together without argumentation. she has to work her negative thought, was instructed to think in positive because as more negative thoughts is worse, every time a negative thinking hit her mind, think something positive. About the psychiatric appointment was explained that was reschedule for the 25th at 11.**Response/feedback** Evelyn was active, cooperative and talkative, was strongly reinforced**Progress Note Dated June 25, 2020. R. 1010.****CHIEF COMPLAINTS** Current situation/trigger or concern. Current negative thoughts. Current feelings. Current behavior with intensity and frequency.**HISTORY OF PRESENT ILLNESS** (4 elements of the sign and symptoms: severity, timing, quality, duration, contest, modifying factors, chronic conditions. Review of system (2 elements from these: constitutional, psychiatric, neurological, constitutional, musculoskeletal) Past, family, social, medical history (1 of 3) Feeling calmer, sleeping better. Denies oversedation. Meds helping. No side effect. One of her clients, she used to clean for, died. Still has 5 other clients. Back pain under control. But knees hurt and get swollen. Puts ice on them. Cant work as much as she wants to. Wants to pay bills. March 2020: 47 yo Hisp F, being seen for depression and anxiety. Pt coping w many stressors. COVID, stay at home order. Pain in back and other joints, but afraid to go to doc appts due to virus. Pt had a son, who shot self 9 years ago, when he was just 20 years old. This is always in her mind. Pt dealing w financials stress. She hurt her back and can no longer work. Pt says she is always sad and anxious, but medications are helping partially. Pt has 2 other children in their 20s now. Deceased son left Pt a grandson, also named Michael NKDA HTN, Herniated Disc, Sciatica Not pregnant Denies D&A March 2020. Cont Prozac 20 mg qd, Cont Trazodone 50 mg HS, Cont Buspar to 10 mg TID for anxiety. Benefits, risks discussed with patient. Regular psychotherapy. Pt to see PCP for med issues. Pt aware of closest CRC, ER, or to call 911 for crisis. Pharmacy 2154254500 called by me, left VM for prescription above

Progress Note Dated July 21, 2020. R. 1012.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts i am away be like that."**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard, but a litter bit"**Agenda** Evelyn wants talk about how she can continue dealing with this situation"**ASSESSMENT:** A- "I am continue very upset with my boyfriend, we broke up because he is jealous and he gets mad because i went to Puerto Rico." B- "I think my life is a disaster, I can't have a nice person in my life, i think he is not doing good things" C- "I'm feeling worry every day, anxious, a grade of 5 from 1 to 10, scare that something bad could happened and also frustrate every day 24 /7"**MSE:****General** Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment**DIAGNOSIS** (F-331) Major depressive disorder, recurrent, moderate**Intervention** During the session, the therapist was actively listening her talking about the situation, she has to think what she want for her life was encouraged to open the communication with her boyfriend and express herself, define her feelings and decide what they will going to do with that relationship. Evelyn was validated her feelings because she do what she has to do, was asked about her trip, said that she had a nice time there with her sisters ..**Response/feedback** Evelyn was very attentive and was quiet and relaxes.**Progress Note Dated July 29, 2020. R. 1014.**

MOOD CHECKING From one to ten, i feel 6 the situation is the same.!!!

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts i am always like that."**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard, i am practicing the relaxation exercise specially at sleep time and its helps but just sometimes"**Agenda** "I would like to talk how I will be dealing with this situation because now I am very negative"**ASSESSMENT:** A- "I am doing better but my health is not well, if I continue with this pain in my leg and my back" B- "I think this will be a failure, I think that I am going crazy, I think that I have something bad and the doctors doesn't want to tell me nothing" C- "I'm feeling very anxious two or three times a day every day, very depress and crying for no reason two or three times a day"**MSE:****General** Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment**DIAGNOSIS** (296.2F/33.1) Major depressive Disorder, Recurrent episodes**Intervention** During the session, the therapist was actively listening her talking about the situation, she could identify some irrational thoughts as "Always I have to be in pain" was explaining her health problem and has reasons for her hopeless feeling but was encouraged to change that thought for another one as "I have this problem but is not something that I will died for it because I am dealing with for a long time"**Response/feedback** Evelyn was liter bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.**Progress Note Dated July 30, 2020. R. 841.****Chief Complaint** tense**History of Present Illness:** 47 yo Hisp F, being seen for depression and anxiety. Not working. Tense. Thinking too much. Meds helping. No side effect. Still has 5 other elents. Back, knees hurt and get swollen. Puts ice on them. Cant work even as she wants to. Wants to pay bills. March 2020: Pt coping w many stressors. COVID, stay at home order. Pain in back and other joints, but afraid to go to doc appts due to virus. Pt had a son, who shot self 9 years ago, when he was just 20 years old. This is always in her mind. Pt dealing w financials stress. She hurt her back and can no longer work. Pt says she is always sad and anxious, but medications are helping partially. Pt has 2 other children in their 20's now. Deceased son left Pt a grandson, 12 yo, also named Michael NKDA HTN, Herniated Disc, Sciatica Not pregnant Denies D&A Son, sister help w bills. Lives 22 yo son. 28 yo daughter lives close by. 3 granddaughters Worrying, cant enjoy things. Inpatient Psych Denies Suicide Attempt Denies D&A Denies Legal Denies MSE awake, alert, cooperative, engaging speech normoprosodic, nl vol, nl tone mood anxious TP logical, goal directed TC no a/vh, no si/n, good insight and judgement oriented x 3 B-P-S Formulation 47 yo Hisp F compliant w tx, dealing w multiple medical issues, also chronic pain. Likes to work. Work unstable. Stress w finances. Always thinking of deceased son. Relates well w remaining children and grandchildren. Denies help. No D&A

Progress Note Dated August 05, 2020. R. 1016.

MOOD CHECKING From one to ten , i feel 6 , i been so sad these days.

COPING CARD?

No

BRIDGING: We were talking about the situation that we are living

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , but a litter bit, this weekend i was with my granddaughters with my daughter and grandchildren"

Agenda I would like to talk how I will be dealing with this situation because now I am very negative " This day we will be working with the tx plan for the next 120 days

ASSESSMENT: A- "I am not well, my health is not well, I had a cortisone injection but the pain still there. " B-"I think this will be so bad if I continue like that I will need a surgery but will be worst." C- " I'm feeling very anxious two or three times a day every day , very depress and crying for no reason two or three times a day.

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening to Evelyn, she was validated because she has been doing well, she appreciate all the information that I gave her the other day, she already applied for unemployment and received and information that they will send her the retroactive for all the time that they should send her and in welfare they increase the foods stamps . Was encouraged to increase those negative thoughts for a positive once, we started to work with her problem

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Treatment/Recovery Plan Dated August 5, 2020. R. 1018, 1020.

Diagnosis (please add the DX) (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

(Indicate Specific Stressors) Her medical and economical issues

Client's Strengths (Use the one in the Recovery Goal): Motivation to continue her treatment , good family support system

Challenge to Treatment: Improve her medical issues , be more positive

Anticipated Length of Treatment:

3-6 Months

For Update Only: (Review of Progress since Last Plan)

Update

Describe progress During the last 120 days Evelyn shows mild progress , her health is more stable but i am not working .

CONCERNS -I(What client states problem is, activating event, beliefs, emotions, behavior, relational problems, and somatization) A- "I am not well, my health is not well, I had a cortisone injection but the pain still there. " B-"I think this will be so bad if I continue like that I will need a surgery but will be worst." C- " I'm feeling very anxious two or three times a day every day , very depress and crying for no reason two or three times a day.

Long Term Goal /Discharge Criteria (What will be accomplished by the client at end of treatment) Evelyn will alleviate depressed mood and obtain an adequate level of functioning in the daily living

Short-term Goal: (What will be done over the next 4 months to achieve long term goal.) 1.Decrease the level of the BDI-II (From 30= moderate dep to 25= Moderate Depression) 2- Decrease the frequency of episodes of sadness at least once a week.

Modality including medication management & Responsible person The therapist will be working with Evelyn individual therapy and psychiatric sessions for medication check up. Responsible person: the therapist , psychiatric and patient.

Interventions The therapist will continue working with CBT. To implement cognitive restructuring Continue with psycho education .The therapist psycho educated about the importance the being consistent with her treatment The therapist and Evelyn will work on improving her coping skills to decrease her feeling of anxiety The therapist will be utilizing validation We will be working with the 3 C's techniques will be practicing meditation, mindfulness to reduce her anxious level

RECOVERY GOAL/PERSONAL VISION/WHAT I WANT TO ACHIEVE

Illness management Family involvement

What do I want to work now/what skills I need, how I can use my support system and resources from my community "Improve my emotions my stress and I am always worry for the most simple thing"

How I am going to get there/How my strengths can help me to get there (include cultural values and spiritual beliefs and support system) I Need to continue assisting to the therapy sessions , following the instructions of the drs , taking my medications

IN CASE OF CRISIS In case of crisis i go to my room, i just want to be alone ,

FACTORS THAT HAVE CONTRIBUTED TO AN INCREASED IN SYMPTOMS When the health problems gets worst and the economical issues.

INDICATOR S OF WHEN SYMPTOMS BEGIN TO WORSEN I can't stop cry ,think too much

STRATEGIES THAT CAN BE UTILIZED WHEN EXPERIENCING WARNING SINGS (indicate specific intervention) Watch tv , stay alone.

Progress Note Dated August 12, 2020. R. 1022.

MOOD CHECKING From one to ten , i feel 6, the situation is at the same

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress that we are living and my health problems.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest , i didn't did nothing

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am doing better but my health is not well. I continue with a lot of pain in my hip and leg" B-"I think this will be a failure, I think that I am going crazy, I think that I have something bad and the doctors doesn't want to tell me nothing" C- " I'm feeling less anxious two times a day every day, less depress"

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how we will go to be working to control her panics. Evelyn has been very down because i called to a lawyer office to a number that was gave her and he did not accept the case , said that she has to wait till she turn at least 52 years old and that is not possible because i can't really work .

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated August 18, 2020. R. 1024.

MOOD CHECKING From one to ten , i feel 6 i had dr appointment

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress that i have in my family.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , because the situation is not for easy"

Agenda We will be working thought restructuring with the 3 C's technique Validation of her feelings

ASSESSMENT: A- I am trying to do better but my health continue at the same my knee is hurting a lot this day i went to see the doctor " B- I think that I will not be the same ever. " C- I feel bad , sad , frustrate , very anxious sometimes in panic and that is two or three times a day "

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session she was active listen when she was describing her feelings , she is not feeling well but was validated because if she see forward she is having good improvement , she has been doing a lot of positive things, but has to continue working with the situation , said that she went to the dr this day and he said the situation with my knee is arthritis and he can't do too much and the situation in my hip is related with my back , he said that i have to make an appointment with the surgeon dr because that's the only thing that she could do ; this day will be working with the 3 C's technique , evaluate the emotion before the thought and them check if that emotion that generate the thought and if it is beneficial or useful for her and her health and them change it for another one more positive, she is having those negative thoughts but that is not positive for her and her health.

Response/feedback During the session she was very attentive at the end she was quieter and more relax.

Progress Note Dated August 25, 2020. R. 1026.

MOOD CHECKING From one to ten

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress at home and my health problems .

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , because the situation is not for easy"

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am doing better but my health is not well, if I continue with this pain and this cold symptoms ,I need to go to the emergency room" B- "I think this will be a failure, I think that I am going crazy, I think that I have something bad and the doctors doesn't want to tell me nothing" C- " I'm feeling very anxious two or three times a day every day , very depressed and crying for no reason two or three times a day "

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening her talking about the situation, she could identify some irrational thoughts as "Always I have to be sick "was explaining her health problem and has reasons for her hopeless feeling but was encouraged to change that thought for another one as "I have this problem but is not something that I will died for it because I am dealing with for a long time"

Response/feedback Was litters bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.

Psychiatric Progress Note August 27, 2020. R. 1028.

CHIEF COMPLAINTS Current situation/trigger or concern. Current negative thoughts. Current feelings. Current behavior with intensity and frequency.

HISTORY OF PRESENT ILLNESS (4 elements of the sign and symptoms: severity, timing, quality, duration, context, modifying factors, chronic conditions. Review of system (2 elements from these: constitutional, psychiatric, neurological, constitutional, musculoskeletal) Past, family, social, medical history (1 of 3) Feeling ok. Sleeping good. No side effects w/ meds. Family is doing well. June 2020 Feeling calmer, sleeping better. Denies oversedation. Meds helping. No side effect. One of her clients, she used to clean for, died. Still has 5 other clients. Back pain under control. But knees hurt and get swollen. Puts ice on them. Can't work as much as she wants to. Wants to pay bills. March 2020: 47 yo Hisp F, being seen for depression and anxiety. Pt coping w many stressors. COVID, stay at home order. Pain in back and other joints, but afraid to go to doc appts due to virus. Pt had a son, who shot self 9 years ago, when he was just 20 years old. This is always in her mind. Pt dealing w financial stress. She hurt her back and can no longer work. Pt says she is always sad and anxious, but medications are helping partially. Pt has 2 other children in their 20's now. Deceased son left Pt a grandson, also named Michael NKDA HTN, Herniated Disc, Sciatica Not pregnant Denies D&A March 2020. Cont Prozac 20 mg qd, Cont Trazodone 50 mg HS, Cont Buspar to 10 mg TID for anxiety. Benefits, risks discussed with patient. Regular psychotherapy. Pt to see PCP for med issues. Pt aware of closest CRC, ER, or to call 911 for crisis. Pharmacy 2154254500 called by me, left VM for prescription above

Progress Note Dated September 10, 2020. R. 1030.

MOOD CHECKING From one to ten, I feel less than six, i don't feel well.

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress at home and my health problems.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): To be honest, i didn't do nothing

Agenda We will be working with thought restructuring, the 3 C's technique.

ASSESSMENT: A- "I feel better but continue having a lot inconvenient in my house, when is not the water, the light, always is something new." B- "I always think bad think and I will be very anxious if this don't stop." C- "I'm feeling worry every day, anxious, a grade of 7 from 1 to 10, scare that something bad could happened and also frustrate."

MSE:

General Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment.

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session she was active listen when she was describing her feelings, she is not feeling well but was validated because if she see forward she is having good improvement, she has been doing a lot of positive things, but has to continue working with this situation now, this day will be working with the 3 C's technique, evaluate the emotion before the thought and then check if that emotion that generate the thought and if it is beneficial or useful for her and her health and then change it for another one more positive, she is having those negative thoughts but that is not positive for her and her health She has to think that her brother will be better and she is doing everything to be in a better condition.

Response/feedback During the session she was very attentive at the end she was quieter and more relax.

Progress Note Dated September 16, 2020. R. 1032.

MOOD CHECKING From one to ten, I feel 6, i feel the same

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress with my health problems.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard, its helps, but just a little bit"

Agenda I would like to continue talking about the situation that i am having now Education about the situation of her health "

ASSESSMENT: A- I am trying to do the best but my health is not well, now the drs that i need surgery " B- I think if i have the surgery i will not be the same again " C- I feel worry every single day, crying for the most simple thing, and last night i was up almost the whole night "

MSE:

General Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment.

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention Therapist worked with Evelyn practicing active listening and validating her feelings, we start to talk about her fears and her worries because she said that she has been seeing people that they didn't good after the surgery and another has been died, was validated because it is true but also she has seen a lot of people who has done well and the improvement in the health is huge, was encouraged to keep the appointment because that's the reason of that appointment. It is orientation. Evelyn was motivated to continue with the process to see what is going to be.

Response/feedback Evelyn was very attentive and was quiet, tearful and very angry in moment

Progress Note Dated September 23, 2020. R. 1034.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?

No

BRIDGING: "The last session we were talking about my irrational thoughts i am always like that."

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard, but a litter bit"

Agenda How to Increase Coping Skills to cope with stressors. We will be working with the 3 C's technique. Mindfulness exercise."

ASSESSMENT: A- I been doing better but sometimes when i have too much things to do i get mad ,because i can't because my health " B- I think that i am a moody person and that's why i don't have no one with me " C- I feel irritable , frustrate specially when i makes other feel bad , i can't even sleep well "

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment.

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention The therapist active listen Evelyn explaining the what she have and how she feels, she could identify an irrational thought because she think if she continue like that she will not going to be able to do nothing , she has to wait for the results and the evaluation , maybe it is something simple and she can't be worrying about it maybe the new treatment will be better.

Response/feedback Evelyn was very attentive and was quiet tearful and very angry in moment

Progress Note Dated September 30, 2020. R. 1036.

MOOD CHECKING From one to ten , i feel 7 , i am doing better

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress at home and my health problems .

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , i am practicing the relaxation exercise specially at sleep time and its helps , but a litter bit"

Agenda I want to talk about my situation , i still out of a job and a litter bit about my brother "

ASSESSMENT: A- "Evelyn is worry because she needs to find a job and is worry for her brother, he is not well , was better but now is not well" B_ "I think he will not going to make it this time, I don't see him well." C- " I'm feeling sad three or four times a day ,worry for my brother every day , and anxious almost two times a day for around an hour""

MSE:

General Evelyn appear worry , sad affect, anxious , cooperative , oriented X3 , good insight and judgment.

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention During the session, the therapist was actively listening her talking about the situation of her brother, he had an stroke and after that it is consequences , was validated because she always has been there for him and more and that is a good value of her. About the negative thought, she has to continue working in that, was encouraged to keep a record of her thoughts , positives and negative once in different situations, the negative thoughts usually are not good for the emotions.

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Psychiatric Progress Notes Dated October 01, 2020. R. 1038.

CHIEF COMPLAINTS Current situation/trigger or concern. Current negative thoughts. Current feelings. Current behavior with intensity and frequency. ph 2159171134 Medication Adjustment... doing ok

HISTORY OF PRESENT ILLNESS (4 elements of the sign and symptoms: severity, timing, quality, duration, contest, modifying factors, chronic conditions. Review of system (2 elements from these: constitutional, psychiatric, neurological, constitutional, musculoskeletal) Past, family, social, medical history (1 of 3)

47 yo Hisp F, being seen for depression and anxiety.

Anniversary of sons death coming up....

Back and ankle pain. Ankle swollen

Getting water pills.

Doing ok

Some overmedation

Sleeping good. No side effects w meds. Family is doing well. Pt coping w many stressors. COVID, stay at home order.

Pain in back and other joints, but afraid to go to doc appts due to virus.

Pt had a son, who shot self 9 years ago, when he was just 20 years old. This is always in her mind

Pt dealing w financials stress. She hurt her back and can no longer work. Pt says she is always sad and anxious, but medications are helping partially.

Pt has 2 other children in their 20's now. Deceased son left Pt a grandson, also named Michael

NKDA HTN, Herniated Disc, Sciatica , Back Pain . Not pregnant

Denies D&A

Progress Note Dated October 06, 2020. R. 1040.

MOOD CHECKING From one to ten, i feel 6, the situation is at the same

COPING CARD?
No

BRIDGING: In the last session we were talking about my health problems.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard, its helps, but just a little bit"

Agenda Help Evelyn to identify and discuss methods used to cope with stress

ASSESSMENT: A- I been doing my things but sometimes is too hard, i had to send all the papers for the social security again, i feel tire of everything " B- I think that i can't be dealing with this for a long time " C- I feel, some times frustrate, very anxious, with a sad affect as well, something that i can't control

MSE:

General Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment.

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention We initiate the session with a mindfulness exercise to help her to be in calm, after that she was active listening and was validated because everything that was very confused and is not easy to be up and down thinking one thing and other but was strongly reinforced because the results came out negative at the end that is what she has to take about it and appreciate that, the drs also are humans beans and also they could make mistakes, was encouraged to practice the 3C's technique to evaluate those thoughts before the emotions evaluate and see if it they are beneficial for her emotions and them change it for another once more positive and keeps doing that constantly to keep those negative thoughts out of her mind

Response/feedback Evelyn was very attentive and was quiet and cooperative

Progress Note Dated October 13, 2020. R. 1042.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?
No

BRIDGING: In the last session we were talking about the stress of my health problems.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard, i am practicing the relaxation exercise specially at sleep time and its helps, but just a litter bit"

Agenda I been doing a lot of things to have my things well "

ASSESSMENT: A: "I am feeling less depressed. Still working with my daughter but not too much because my health problem ". B: "I believe that I can get better at managing my thinking". C: "I still get depressed two or three times a day ".

MSE:

General Evelyn appear worry, sad affect, anxious, cooperative, oriented X3, good insight and judgment.

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

Intervention The therapist continued to work with Evelyn on identifying and containing unhelpful thoughts. Evelyn was validated she has been doing better, she is doing some job, that's a good step for her, was encouraged to see how she start and where she is, she understand and see that but the negative thoughts are been very often. Was encouraged to increase to The necessary support and encouragement were given during session. was practice a relaxation exercise with positive thinking exercise.

Response/feedback Evelyn will continue applying the strategies discussed in the therapy session, as think what she needs and what she wants "

Progress Note Dated October 22, 2020. R. 1044.

MOOD CHECKING From one to ten , i feel 6 , i am very down , yesterday was my pass son birthday

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress with my health problems .

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , its helps , but just a little bit"

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am doing better but my health is not well, if I continue with this pain and this cold symptoms I need to go to the emergency room, yesterday was a bad day , it was my pass son birthday and i was bad" B-"I think this will be a failure, I think that I am going crazy, I think if my son would be alive would be different" C- " I'm feeling very anxious two or three times a day every day , very depressed and crying for no reason two or three times a day "

MSE:

General Evelyn has sad affect ,mood depress, mood at the same , poor insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episode

Intervention During the session, the therapist was actively listening her talking about the situation, she could identify some irrational thoughts as "Always I have to be sick, if my son would be alive i would be a happier person "was explaining her health problem and has reasons for her hopeless feeling but was encouraged to change that thought for another one as "I have this problem but is not something that I will died for it because I am dealing with for a long time" about her son, she has to think that things happen and no one can't control it or change it and we have to accept it even though is something that hard and every single day day and year hurt a lot

Response/feedback Evelyn was litters bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.

Progress Note Dated October 28, 2020. R. 1046.

MOOD CHECKING From one to ten , i feel 6 , i was at the hospital

COPING CARD?

No

BRIDGING: In the last session we were talking about my progress with my pains and the importance to be more active "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard ."

Agenda I would like to talk how to manage this stressful situation because this situation is not easy.

ASSESSMENT: A- I've been trying to do things the best I can, but last Saturday I was in a friend's house and I started to feel like I was short of air and fainting and when I woke up, I was in the hospital." B- I think I'm from bad to worse, I'm always sick." C- I feel deeply sad, very worried, very afraid and very anxious."

MSE:

General Evelyn has sad affect ,mood depress, mood at the same , poor insight and judgment

DIAGNOSIS (296.2F/ 33.1) Major depressive Disorder, Recurrent episode

Intervention During the session, the therapist was actively listening her talking about the situation, she could identify some irrational thoughts as "Always I have to be sick or my situation goes from bad to worse "was explaining her health problem and has reasons for her hopeless feelings it is the second time that she felt at home and has to be scary said that she never ever before had what happen the last Saturday, in the emergency room they said that she has to schedule an appointment with her primary dr , was encouraged to change that thought for another one as " I have this problem but is not something that I will died for it because I am dealing with this for a long time the drs will find a solution "

Response/feedback During the therapy was quiet and attentive, after the session was more relax

Progress Note Dated November 04, 2020. R. 1048.**MOOD CHECKING** From one to ten i feel 6**COPING CARD?**

No

BRIDGING: In the last session we were talking about the stress that i have with my health condition.**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard , i am practicing the relaxation exercise specially at sleep time and its helps , but a litter bit"**Agenda** About how I could deal with my situation because sometimes I feel very sad.**ASSESSMENT:** A- I been worry lately, because health problems but I hope to gets better . " B: I have to see the doctor I don't know why I think it is something wrong with me and my health ". C: I feel sad, very worry most of the time and sometimes frustrate ".**MSE:****General** Evelyn has sad affect ,mood depress, mood at the same , poor insight and judgment**DIAGNOSIS** (296.2F/ 33.1) Major depressive Disorder, Recurrent episode**Intervention** Clinician used this intervention to analyzes with Evelyn about the importance of being the most positive that she can and avoid those automatic negative thoughts that can makes her sad and worry and continues to wait until this situations ends always trying to see that every negative situation has a solution and that she has to continues being motivated Was validated because she is a good mom and a good grandmother because always she gives a good support to them and that is good. Was encouraged to talk with them to let them know that this is temporal and this also will pass and will have to take the best part of this situation.**Response/feedback** Evelyn was attentive and quiet, was reinforced positive for it.**Progress Note Dated November 10, 2020. R. 1050.****MOOD CHECKING** From one to ten , i feel 6 i am tired**COPING CARD?**

No

BRIDGING: In the last session we were talking about the stress that i have with my health.**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard , i am practicing the relaxation exercise especially at sleep time and its helps , but just a little bit"**Agenda** I would like to talk how I will be dealing with this situation because now I am very negative " We will be working with the treatment plan for the next 120 days**ASSESSMENT:** A- "I am doing better but my health is not well, if I continue with this pain and this cold symptoms , if i continue with this symptoms i will go to the dr" B-"I think this will be a failure, I think that I am going crazy, this situation is is too much when i don't have one thing i have other C- " I'm feeling very anxious two or three times a day every day , very depressed and crying for no reason two or three times a day "**MSE:****General** Evelyn expressed that she had been less sad, less worry , OX3 , good insight and judgment .**DIAGNOSIS** Major depressive disorder Recurrent (296.20 / F-33.1)**Intervention** During the session, the therapist was actively listening her talking about the situation, she could identify some irrational thoughts as "Always I have to be sick " was explaining her health problem and has reasons for her hopeless feeling but was encouraged to change that thought for another one as " In these season with the weather changes a lot of people has allergies or could, that's something normal in this season a lot of people has could. we were evaluating her progress in the past 120 days , she had mild progress because the scary situation with the pandemic and her health condition.**Response/feedback** was litters bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.**1050**

Treatment/Recovery Plan Dated November 10, 2020. R. 1054-56.

Diagnosis (please add the DX) (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

(Indicate Specific Stressors) Her medical and economical issues , Lonely feeling

Client's Strengths (Use the one in the Recovery Goal): Good motivation for the treatment

Challenge to Treatment: Increase her social activities

Anticipated Length of Treatment:
3-6 Months

For Update Only: (Review of Progress since Last Plan)
Initial treatment plan

Describe progress During the last 120 days Evelyn shows mild improvement in the depressed signs and symptoms, she continue taking the medication treatment but the frequency to the therapy and psychiatric sessions it was poor

CONCERNS -1(What client states problem is, activating event, beliefs, emotions, behavior, relational problems, and somatization) A- "I am doing better but my health is not well, if I continue with this pain and this cold symptoms ,I need to go to the emergency room" B-"I think this will be a failure, I think that I am going crazy, I think that I have something bad and the doctors doesn't want to tell me nothing" C- "I'm feeling very anxious two or three times a day every day , very depressed and crying for no reason two or three times a day "

Long Term Goal / Discharge Criteria (What will be accomplished by the client at end of treatment) Evelyn will improve her emotional control and will return to a normal life following the clinician directions .

Short-term Goal: (What will be done over the next 4 months to achieve long term goal.) 1- By the next 120 days Evelyn will develop positive cognitions about her and the future 2- By the next 120 days Evelyn will be seeing the psychiatric to continue with the medications.

Modality including medication management & Responsible person The therapist will be working with Evelyn individual therapy and psychiatric sessions for medication check up. Responsible person: the therapist , psychiatric and patient.

Interventions In individual therapy we will 1- We will be working with validation of her feelings. 2 The therapist will assist Evelyn about develops an awareness of her cognitive message that reinforce hopelessness and helplessness. 3- The therapist will educate her about her medical problems. 4- Use real logic to challenge each dysfunctional thought or negative thinking pattern accuracy, replacing it with a positive, logical thought. will utilize the 3 C's technique 5- Elaborate a plan of different healthy and pleasant activities to develop in the next 4 months (Behavior Activation). 4-Work with thoughts replacement, negative for positives.

RECOVERY GOAL/PERSONAL VISION/WHAT I WANT TO ACHIEVE
Illness management Family involvement

What do I want to work now/what skills I need, how I can use my support system and resources from my community Improve the family communication and avoid my bad feelings (sad/anxiety) and the self isolation"

How I am going to get there/How my strengths can help me to get there (include cultural values and spiritual beliefs and support system) I need improve my communications skills and my level of tolerance and acceptance of my medical problems"

IN CASE OF CRISIS In case of crisis i go to my room, i just want to be alone ,

FACTORS THAT HAVE CONTRIBUTED TO AN INCREASED IN SYMPTOMS when my medical problems gets worst, when i try to do something in my house and i can't

INDICATOR S OF WHEN SYMPTOMS BEGIN TO WORSEN I can't stay still , my heart goes more than a 100 , shaking hands

STRATEGIES THAT CAN BE UTILIZED WHEN EXPERIENCING WARNING SINGS (indicate specific intervention) Watch tv , stay alone.

Progress Note Dated November 23, 2020. R. 1052.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?
No

BRIDGING: In the last session we were talking about the stress at home and the importance to be more active

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , i am practicing the relaxation exercise especially at sleep time and its helps , but a litter bit"

Agenda I would like to talk about , what i will do with all this papers . Problem solving .

ASSESSMENT: A- "I am continue very upset and nervous , when , i have to do something out of the order , i feel very upset" B- "I think my life is a disaster , i think he is not doing good things " C- "I'm feeling worry every day , anxious, a grade of 5 from 1 to 10 , scare that something bad could happened and also frustrate every day 24 /7"

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment'

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session, the therapist was actively listening her talking about the the situation, was validated because she has been dealing with the situation very well. During the session she is describing the reason of her fears and many times they are real because she has already gone through many situations that have led her to be and think like that. It was oriented that when those thoughts of fear come to your mind changes it for another different and positive as everything will be fine and all those investigation is for a reason , at this moment she is less lonely because her sister is with her till December 12 , for thanksgiving just will be with her sister and daughter with family".

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated December 07, 2020. R. 1058.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress that i have with my health.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , its helps , but just a little bit"

Agenda We will be working thought restructuring with the 3 C's technique Validation of her feelings

ASSESSMENT: A- I am trying to be better but my health continue at the same i been anxious, i had psychiatric appointment but i was waiting for her call " B- I think that I am not going to be like that for ever " C- I feel bad , sad , frustrate , very anxious sometimes in panic and that is two or three times a day "

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment'

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session she was active listen when she was describing her feelings , she is not feeling well but was validated because if she see forward she is having good improvement , she has been doing a lot of positive things, but has to continue working with this situation now , this day will be working with the 3 C's technique , evaluate the emotion before the thought and them check if that emotion that generate the thought and if it is beneficial or useful for her and her health and them change it for another one more positive, she is having those negative thoughts but that is not positive for her and her health. She has to think that her brother will be better and she is doing everything to be in a better condition .

Response/feedback During the session she was very attentive at the end she was quieter and more relax.

Psychiatric Progress Note Dated December 12, 2020. R. 1060-61.

CHIEF COMPLAINTS Current situation/trigger or concern. Current negative thoughts. Current feelings. Current behavior with intensity and frequency. Last seen Oct 2020 Medication Adjustment..... doing ok

HISTORY OF PRESENT ILLNESS (4 elements of the sign and symptoms: severity, timing, quality, duration, context, modifying factors, chronic conditions. Review of system (2 elements from these: constitutional, psychiatric, neurological, constitutional, musculoskeletal) Past, family, social, medical history (1 of 3)

47 yo Hisp F, being seen for depression and anxiety.
Still tense and anxious, but keeping a positive attitude

Back and ankle pain. Ankle swollen.
Getting water pills.
Doing ok

Sleeping good. No side effects w meds. Family is doing well. Pt coping w many stressors. COVID, stay at home order.
Pain in back and other joints, but afraid to go to doc appts due to virus.
Pt had a son, who shot self 9 years ago, when he was just 20 years old. This is always in her mind.
Pt dealing w financials stress. She hurt her back and can no longer work. Pt says she is always sad and anxious, but medications are helping partially.
Pt has 2 other children in their 20's now. Deceased son left Pt a grandson, also named Michael
NKDA HTN, Herniated Disc, Sciatica , Back Pain . Not pregnant
Denies D&A

Progress Note Dated December 14, 2020. R. 1062.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?

No

BRIDGING: In the last session we were talking about my progress with my pains and the importance to be more active "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , its helps , but just a little bit"

Agenda I would like to continue talking about the situation that i am having now Education about the situation of her health "

ASSESSMENT: A- I am trying to do the best but my health is not well , now the drs are talking that i need surgery " B- I think if i have the surgery i will not be the same again " C- I feel worry every single day , crying for the most simple thing , and last night i was up almost the whole night."

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment'

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention Therapist worked with Evelyn practicing active listening and validating her feelings, we start to talk about her fears and her worries because she said that she has been seeing people that they didn't good after the surgery and another has been died , was validated because it is true but also she has seen a lot of people who has done well and the improvement in the health is huge, was encouraged to keep the appointment because that's the reason of that appointment . It is orientation . Evelyn was motivated to continue with the process to see what is going to be.

Response/feedback Evelyn was very attentive and was quiet ,tearful and very angry in moment

Progress Note Dated December 21, 2020. R. 1064.

MOOD CHECKING From one to ten, i feel 7

COPING CARD?

No

BRIDGING: In the last session we were talking about my progress with my pains and the importance to be more active "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , its helps , but just a little bit"

Agenda I been doing a lot of things to have my things well "

ASSESSMENT: A: "I am feeling less depressed. Still working with my daughter but not too much because my health problem ". B: "I believe that I can get better at managing my thinking". C: "I still get depressed two or three times a day ".

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention The therapist continued to work with Evelyn on identifying and containing unhelpful thoughts. Evelyn was validated she has been doing better , she is doing some job , that's a good step for her , was encouraged to see how she start and where she is , she understand and see that but the negative thoughts are been very often . Was encouraged to increase to The necessary support and encouragement were given during session. was practice a relaxation exercise with positive thinking exercise .

Response/feedback Evelyn response very quiet and positive and was reinforced positive and was encouraged to continue like that .

Progress Note Dated December 28, 2020. R. 1066.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?

No

BRIDGING: In the last session we were talking about my progress with my pains and the importance to be more active "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , i am practicing the relaxation exercise especially at sleep time and its helps , but a litter bit"

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am doing better my health is better and I am sleeping better, I will go to Florida I hope to have a nice time" B-"I think this trip will be good for me because I been in a lot of stress" C- " I'm feeling less anxious two times a day every day, less depress"

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session, the therapist was actively listening, was encouraged to change those negative thoughts for a positive once, was talking about her health problems but is not anything that bad, was explained how her thoughts affect her feelings and the way that you see the life .

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated January 11, 2021. R. 1068.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress at home and the importance to be more active

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard , i am practicing the relaxation exercise especially at sleep time and its helps , but a litter bit"

Agenda We will be working with her thoughts replacement, negative for positives irrational thought. We will be working education and orientation about what she could do in this situation

ASSESSMENT: A- "I am doing better but my health is not well, I continue with a lot of pain in my hip and leg" B-"I think this will be a failure, I think that I am going crazy, I think that I have something bad and the doctors doesn't want to tell me nothing and now i can't go to the hospital" C- " I'm feeling very anxious two times a week i feel like i will have a panic attack, i am crying very often ."

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the phone session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything that bad, she has to think that she has to continue with positive thinking because at least is not something to be in the hospital , is just to see how is out side to be thankful to be alive , was encouraged to practice meditation or mindfulness at the way that we did the last time we were in the office and do it at least two times a day to reduce her anxious level .

Response/feedback Evelyn was quiet and cooperative and was reinforced positive and was encouraged to continue doing what she is doing

Progress Note Dated January 18, 2021. R. 1070.**MOOD CHECKING** From one to ten, i feel 6**COPING CARD?**

No

BRIDGING: In the last session we were talking about my progress with my pains and the importance to be more active "**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard , its helps , but just a little bit"**Agenda** I want to continue talk about how I have to continue dealing with the situation "**ASSESSMENT:** A- "I been doing better, but I am not well , my migraine, back ache and my legs are hitting me so bad " B- "I think I am every day worst, my daughter was at home for a few days." C- "I am feeling every single day very nervous , sometimes anger and frustrate two or three times a day "**MSE:****General** Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"**DIAGNOSIS** Major depressive disorder Recurrent (296.20 / F-33.1)**Intervention** Clinician used this intervention to analyzes with Evelyn about the importance of being the most positive that she can and avoid those automatic negative thoughts that can makes her sad and worry and continues to wait until this situations ends always trying to see that every negative situation has a solution and that she has to continues being motivated Was validated because she is a good mom and a good grandmother because always she gives a good support to them and that is good. Was encouraged to talk with them to let them know that this is temporal and this also will pass and will have to take the best part of this situation.**Response/feedback** Evelyn was very attentive and was quiet and relaxes.**Progress Note Dated January 25, 2021. R. 1072.****MOOD CHECKING** From one to ten , i feel 6**COPING CARD?**

No

BRIDGING: In the last session we were talking about the stress that i have .**REVIEW OF HOMEWORK (WHAT DID YOU LEARN):** "I try to do what we said but is too hard , i am practicing the relaxation exercise specially at sleep time and its helps , but a littler bit"**Agenda** I would like to talk about , what i will do with all this papers . Problem solving .**ASSESSMENT:** A- "I am continue very upset and nervous , when , i have to do something out of the order , i feel upset" B- "I think my life is a disaster . I can't have a nice and productive person in my life, i think he is not doing good things " C- "I'm feeling worry every day , anxious, a grade of 5 from 1 to 10 , scare that something bad could happened and also frustrate every day 24 /7"**MSE:****General** Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"**DIAGNOSIS** Major depressive disorder Recurrent (296.20 / F-33.1)**Intervention** During the session, the therapist was actively listening her talking about the the situation, was validated because she has been dealing with the situation very well. During the session she is describing the reason of her fears and many times they are real because she has already gone through many situations that have led her to be and think like that. It was oriented that when those thoughts of fear come to your mind changes it for another different and positive as everything will be fine and all those investigation is for a reason ".**Response/feedback** Evelyn was very attentive and was quiet and relaxes.**Psychiatric Progress Notes Dates January 28, 2021. R. 1074.****CHIEF COMPLAINTS** Current situation/trigger or concern. Current negative thoughts. Current feelings. Current behavior with intensity and frequency. Last seen Oct 2020 Medication Adjustment.... doing ok**HISTORY OF PRESENT ILLNESS** (4 elements of the sign and symptoms: severity, timing, quality, duration, contest, modifying factors, chronic conditions. Review of system (2 elements from these: constitutional, psychiatric, neurological, constitutional, musculoskeletal) Past, family, social, medical history (1 of 3)

47 yo Hisp F, being seen for depression and anxiety.

Still tense and anxious, but keeping a positive attitude

Back and ankle pain. Ankle swollen.

Getting water pills.

Doing ok

Sleeping good. No side effects w meds. Family is doing well. Pt coping w many stressors. COVID, stay at home order.

Pain in back and other joints, but afraid to go to doc appts due to virus.

Pt had a son, who shot self 9 years ago, when he was just 20 years old. This is always in her mind.

Pt dealing w financials stress. She hurt her back and can no longer work. Pt says she is always sad and anxious, but medications are helping partially.

Pt has 2 other children in their 20's now. Deceased son left Pt a grandson, also named Michael

NKDA HTN, Herniated Disc, Sciatica , Back Pain . Not pregnant

Denies D&A

Progress Note Dated February 01, 2021. R. 1076.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress at home and the importance to be more active

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard, i am practicing the relaxation exercise especially at sleep time and its helps, but a litter bit"

Agenda We will be working thought restructuring with the 3 C's technique Validation of her feelings

ASSESSMENT: A- I am trying to be better but my health continue at the same my knee and my back is hurting me lot and my brother is at the hospital again and that's not good " B- I think that I am not going to be like that for ever " C- I feel bad, sad, frustrate, very anxious sometimes in panic and that is two or three times a day "

MSE:

General Evelyn looks worry, with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session she was active listen when she was describing her feelings, she is not feeling well but was validated because if she see forward she is having good improvement, she has been doing a lot of positive things, but has to continue working with this situation now, this day will be working with the 3 C's technique, evaluate the emotion before the thought and then check if that emotion that generate the thought and if it is beneficial or useful for her and her health and then change it for another one more positive, she is having those negative thoughts but that is not positive for her and her health. She has to think that her brother will be better and she is doing everything to be in a better condition.

Response/feedback During the session she was very attentive at the end she was quieter and more relax.

Progress Note Dated February 08, 2021. R. 1080.

MOOD CHECKING From one to ten, i feel 6

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress at home and the importance to be more active

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard."

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am not well, my health is at the same, I i been thinking too much about my pass son, it is another year out of him " B-"I think this will be so bad i don't know what will going to be with me ." C- " I'm feeling very anxious two or three times a day every day, very depressed and crying for no reason two or three times a day."

MSE:

General Evelyn looks worry, with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how we will go to be working to control her panics Evelyn was encouraged to organize and prioritize what she wants to do first and evaluate the possibility to get it, set short term goals because sometimes If you don't set clear goals and prioritize what should go first and then what resources you have, it will be difficult for you to achieve it.

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated February 15, 2021. R. 1078.

MOOD CHECKING From one to ten, i feel 7

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress with my health issues

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard."

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am not well, my health is not well, I had a cortisone injection again but the pain still there. " B-"I think this will be so bad i don't know what will going to be with me ." C- " I'm feeling very anxious two or three times a day every day, very depressed and crying for no reason two or three times a day."

MSE:

General Evelyn looks worry, with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how we will go to be working to control her panics. Evelyn said : "what God want for me ", we utilize Socratic questions - what do you think is trying to tell you? -, - what do you think do you need to do now? all this trying to let her get insight in what serious is this problem but she has to continue working on it.

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated February 22, 2021. R. 1082.

MOOD CHECKING From one to ten , i feel 6

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress that i have with my health.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard."

Agenda This day i would like to talk about About irrational thoughts Validation of her feelings ,I want to talk about my fears We will be working with the treatment plan for the next 120 days

ASSESSMENT: A- This weekend i was so sad , just lay bed but on Sunday came my daughter but i am not well, it was my grandson birthday and every single day he look a like more to his father. my pass son, when i see him is to see my son at the same age " B- I think that i can't even will do what i thought , i because i want to start to work " C- I fee sad, crying a lot , more than two times a day , i am not even sleeping well"

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session, the therapist was actively listening to their fears, about everything, was her grandson birthday , said it is the same face of her pass son and make her feel bad , but this situation is better because her other two grandchildren are girls and that's the only boy and that is good because he is not with her any more , is good to have him close was encouraged for these days prepare activities for the family , they could spend time together , try to spend the most time together . she has to work her negative thought, was instructed to think in positive because as more negative thoughts is worse, every time a negative thinking hit her mind ,think something positive.

Response/feedback Evelyn was active , cooperative and talkative , was strongly reinforced

Treatment/Recovery Plan Dated February 22, 2021. R. 1084-86.

Diagnosis (please add the DX) (296.2F/ 33.1) Major depressive Disorder, Recurrent episodes

(Indicate Specific Stressors) Her medical and economical issues

Client's Strengths (Use the one in the Recovery Goal): Good family support system

Challenge to Treatment: Increase her social activities, increase freq to therapy sessions

Anticipated Length of Treatment:

3-6 Months

For Update Only: (Review of Progress since Last Plan)

Update

Describe progress During the last 120 days she god some progress , her health is better and that situation emotionally make her feel better

CONCERNS -1(What client states problem is, activating event, beliefs, emotions, behavior, relational problems, and somatization) A- This weekend i was so sad , just lay bed but on Sunday came my daughter but i am not well, it was my grandson birthday and every single day he look a like more to his father. my pass son, when i see him is to see my son at the same age " B- I think that i can't even will do what i thought , i because i want to start to work " C- I fee sad, crying a lot , more than two times a day , i am not even sleeping well"

Long Term Goal /Discharge Criteria (What will be accomplished by the client at end of treatment) 1- Evelyn will improve her health condition and will continue going to all the appointments and all the studies that she has to do 2- By the next 120 days Evelyn will be seeing the psychiatric regularly to continue with the medications.

Short-term Goal: (What will be done over the next 4 months to achieve long term goal.) By the next 120 days Evelyn will improve her emotional control and will return to a normal life following the clinician directions .

Modality including medication management & Responsible person The therapist will be working with Evelyn individual therapy and psychiatric sessions for medication check up. Responsible person: the therapist , psychiatric and patient.

Interventions The therapist will continue working with CBT. To implement cognitive restructuring with the 3 C's technique Continue with psycho education .The therapist psycho educated about the importance the being consistent with her treatment The therapist and Evelyn will work on improving her coping skills to decrease her feeling of anxiety. The therapist will be utilizing validation. Will be practicing relaxation exercise and meditation to reduce her anxious level

RECOVERY GOAL/PERSONAL VISION/WHAT I WANT TO ACHIEVE

Illness management Family involvement

What do I want to work now/what skills I need, how I can use my support system and resources from my community Improve the family communication and avoid my bad feelings (sad/anxiety) and the self isolation"

How I am going to get there/How my strengths can help me to get there (include cultural values and spiritual beliefs and support system)

IN CASE OF CRISIS In case of crisis , i just want to be alone . stay in my room

FACTORS THAT HAVE CONTRIBUTED TO AN INCREASED IN SYMPTOMS When they want me to do a lot of things at the same time , when something happen in the family .

INDICATOR S OF WHEN SYMPTOMS BEGIN TO WORSEN I can't stop cry ,think too much

STRATEGIES THAT CAN BE UTILIZED WHEN EXPERIENCING WARNING SINGS (indicate specific intervention) Watch tv , stay alone.

Discharge Plan When Evelyn reduce to the minimal level of depression , when she will learn how to control her emotions in a positive way , will seen monthly for six month and will be do the discharge. .

Progress Note Dated March 01, 2021. R. 1088.

MOOD CHECKING From one to ten I feel 6

COPING CARD?

No

BRIDGING: In the last session we were talking about my progress with my pains and the importance to be more active "

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard ."

Agenda We will be working with her thoughts replacement; negative for positives irrational thought, pros and cont of the negative attitude.

ASSESSMENT: A-"I am trying to do better but my health is at the same and last night i couldn't sleep at all due my pains , the worst thing is my knee, the right one is swollen thanks God i will see the orthopedic tomorrow and this day i had blood work " B-" I think the situation is too hard and maybe will not going to be able to work any more " C-" I'm feeling anxious two times a day every day, depress and last night i couldn't sleep at all. "

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention Today patient was guided by therapist on express about her feelings, has been trough for a lot of medical problem and that situation makes her feel hopeless but she was validated because side she has faith and a good family support to has motivation to continue , were working with her positive and negative attitude because goes in pros and cont in his emotion .We were working with her the importance of behavior activation , to not to be too much time in bed or lay down in the sofa.

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Progress Note Dated March 08, 2021. R. 1090.

MOOD CHECKING From one to ten i feel 7

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress that i have with my health.

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard ."

Agenda I would like to talk how I will be dealing with this situation because now I am very negative "

ASSESSMENT: A- "I am doing better but my health is not well, if I continue with this back and leg pain ,I need to go to the emergency room, i went the last Saturday and they said my dr has to send me for more test but at least they didn't find blood clogs " B-"I think this will be a failure, I think that I am going crazy, I think that I have something bad and the doctors doesn't want to tell me nothing" C- " I'm feeling very anxious two or three times a day every day , very depress and crying for no reason two or three times a day "

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session, the therapist was actively listening her talking about the situation, she could identify some irrational thoughts as "Always I have to be sick "was explaining her health problem and has reasons for her hopeless feeling but was encouraged to change that thought for another one as "I have this problem but is not something that I will died for it because I am dealing with for a long time"

Response/feedback Evelyn was litters bit frustrate at the first but late on was different, very attentive and was quiet and relaxes.

Progress Note Dated March 22, 2021. R. 1092.

MOOD CHECKING From one to ten, i feel 7 , my anxiety has been high

COPING CARD?

No

BRIDGING: In the last session we were talking about the stress at home and the importance to be more active

REVIEW OF HOMEWORK (WHAT DID YOU LEARN): "I try to do what we said but is too hard ."

Agenda We will be working thought restructuring with the 3 C's technique Validation of her feelings

ASSESSMENT: A- "I am not well, my health is not well, I had a cortisone injection again but the pain still there. " B-"I think this will be so bad i don't know what will going to be with me. " C- " I'm feeling very anxious two or three times a day every day , very depressed and crying for no reason two or three times a day. "

MSE:

General Evelyn looks worry , with a sad affect mood ok, tp organized, poor insight poor judgment"

DIAGNOSIS Major depressive disorder Recurrent (296.20 / F-33.1)

Intervention During the session, the therapist was actively listening, was encouraged to increase those negative thoughts for a positive once, was talking about her health problems but is not anything That bad, was explained how we will go to be working to control her panics.

Response/feedback Evelyn was very attentive and was quiet and relaxes.

Psychiatric Progress Notes Dated March 25, 2021. R. 1094.

CHIEF COMPLAINTS Current situation/trigger or concern. Current negative thoughts. Current feelings. Current behavior with intensity and frequency: tense and anxious

HISTORY OF PRESENT ILLNESS (4 elements of the sign and symptoms: severity, timing, quality, duration, context, modifying factors, chronic conditions. Review of system (2 elements from these: constitutional, psychiatric, neurological, constitutional, musculoskeletal) Past, family, social, medical history (1 of 3)

47 yo Hisp F, being seen for depression and anxiety.

Picked up meds from Jan

Doing good, ok

meds helping

Still tense and anxious, but keeping a positive attitude

Back and ankle pain. Ankle swollen.

Getting water pills

Sleeping good. No side effects w meds.

Family is doing well. Pt coping w many stressors. COVID, stay at home order.

Pain in back and other joints, but afraid to go to doc appts due to virus.

Pt had a son, who shot self 9 years ago, when he was just 20 years old. This is always in her mind.

Pt dealing w financials stress. She hurt her back and can no longer work. Pt says she is always sad and anxious, but medications are helping partially. Pt has 2 other children in their 20s now. Deceased son left Pt a grandson, also named Michael

NKDA HTN, Herniated Disc, Sciatica, Back Pain. Not pregnant

Denies D&A